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ABSTRACT

This curriculum guide is designed for use by instructors whose responsibility it is to prepare persons to provide basic direct care for residents living in adult care homes. Addressed in the individual units of part I (which contains information to be covered in the first 40 hours of training) are the following topics: working in an adult care home; stereotypes and facts about aging; basic communication skills; communicating with the confused resident; principles of body mechanics: lifting and moving the resident; using restraints, wheelchairs, geriatric chairs, and lifts; infection prevention and control; maintaining the resident's unit; safety; cleanliness and grooming; assisting the resident with food and fluids; and elimination. A skills checklist ends this segment. Part II (containing information to be covered in the remaining 50 hours of instruction) addresses working in an adult care home; basic emotional needs; possible losses due to aging; caring for the confused or withdrawn resident; sexuality in aging; caring for the dying resident; physical changes accompanying aging; complications of immobility and their prevention; applying heat and cold; sleep and rest; nutrition and fluid needs; urinary elimination; bowel elimination; observing and measuring vital signs; isolation; observing, reporting, and recording; the resident's care plan; admitting and discharging the resident; first aid in the adult care home; fire prevention and safety; and tornado preparedness. Each unit contains learner objectives, a content outline, and teaching aids and guidelines. (MN)

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KANSAS
ADULT CARE HOME AIDE CURRICULUM

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IN COOPERATION WITH
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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PREFACE

The guidelines for instruction of aides have been developed for use by the instructor whose responsibility it is to prepare persons to provide basic direct care for residents living in Adult Care Homes. Within this framework, the instructor may choose to supplement with appropriate resource materials and teaching strategies to enhance learning. A list of suggested reference materials is included.

The curriculum outline incorporates the basic information found in the previous 90-hour course which it replaces. This has been organized into two distinct segments for the purpose of separating the information to be covered in the first 40 hours of training, from the remaining 50 hours of instruction to be completed as a requirement for certification. Included is a skills checklist based upon the first 40-hours of training and designed to be used as an evaluation tool for that part of the course; a list of suggestions for clinical activities for the 50-hour segment is also presented.

References used in the development of these guidelines were textbooks on current nurse aide training, including the Iowa State Curriculum for Geriatric Nurse Aide - Orderly.

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PART I

UNIT I WORKING IN AN ADULT CARE HOME

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 1.5 hours
1. Describe the responsibilities of the long-term care staff	A. Employees in the adult care home 1. Administrator a. Is responsible for the overall operation of the facility b. Is responsible to a governing board and owner(s)	Additional content in this area will be covered in Part II.
	2. Nursing director or health care supervisor a. Licensed nurse who directs resident care and supervises nursing staff b. Is responsible to administrator	Being a Long-Term Care Nursing Assistant, pp. 16-17.
	3. Nursing personnel a. Registered nurse (RN) - may be part of regular staff or a consultant b. Licensed practical nurse (LPN) c. Certified medication aide (CMA) d. Certified nurse aide (CNA)	Describe levels of responsibility Review educational preparation if desired Briefly describe duties
	4. Non-nursing staff a. Social worker b. Physical therapist c. Restorative aide d. Food service personnel e. Dietitian f. Unit clerk or secretary g. Activity coordinator h. Occupational therapist i. Speech/audiology therapist	
	5. Volunteers	

Learner Objectives	Content	Teaching Aids and Approaches
2. Identify major categories involved in fulfilling your role as an aide/orderly	B. Role and responsibilities of adult care home aide 1. Major categories of aide's job and examples of duties a. Bedside nursing care 1. Dress, undress residents 2. Bathe residents 3. Turn residents 4. Offer bedpans, urinals b. Care of the resident's unit 1. Make beds 2. Maintain safe environment c. Food service 1. Feed residents 2. Deliver drinking water d. Recordkeeping and messenger duties 1. Record intake and output 2. Record vital signs 3. Assist in admission, transfer and discharge of residents	Being a Nursing Assistant, pp. 5-10 How to be a Nurse's Aide in a Nursing Home, (AHCA) pp. 3-6 Being A Long-Term Care Nursing Assistant, pp. 4-5
3. Discuss desirable attitudes and actions which will lead to successful job performance for the aide/orderly	2. Desirable attitudes and actions a. Dependability 1. Reporting to work on time 2. Keeping absences to a minimum 3. Keeping promises 4. Completing assigned tasks promptly and quietly 5. Performing tasks you know should be done without having to be told b. Accuracy - follow instructions c. Being sensitive to the feelings and needs of others	Being a Long-Term Care Nursing Assistant, pp. 14-15 Being a Nursing Assistant, pp. 9-10 Understanding Aging and Human Needs, p. 3 Students may help add to the list of desirable behaviors and attitudes
4. Discuss desirable personal grooming habits for the aide/orderly	3. Desirable personal grooming habits a. Appropriate clothing, neat and clean b. Comfortable shoes of an appropriate style c. Personal cleanliness d. Good health e. Name tag pinned on uniform f. Watch and pen or pencil available	You may expand on this list Student may be able to list items from their employer's dress code Being a Nursing Assistant, p. 13

Learner Objectives	Content	Teaching Aids and Approaches
5. Examine an institution's employee policy manual	4. Policies of the long-term care facility Look at one or more policy manuals Examine policies relating to areas such as: a. Dress code b. Absences from work c. Gifts from residents d. Alcohol use e. Personal telephone calls f. Smoking and eating g. Incident reports	
6. Discuss what is meant by confidentiality. List examples of inappropriate use of resident information.	5. Respecting confidentiality in communication a. Confidentiality means keeping residents' personal information private b. Examples of confidentiality Do not discuss personal resident information with: 1. One resident about another resident 2. Relatives or friends of the resident 3. Representatives of the news media 4. Fellow workers, except when in conference or in planning resident care 5. One's own family and friends	Being a Nursing Assistant, p. 11 Being a Long-Term Care Nursing Assistant, pp. 5-8 Use situations to help illustrate confidentiality.
7. Define and discuss legal aspects of resident care as it relates to the role of the nursing aide	6. Legal aspects of working as a nursing aide a. Aide is responsible for own acts in providing competent basic care to residents b. Aide performs only those activities or duties for which prepared and which are authorized by law c. Aide is responsible for helping to maintain a safe environment for the resident d. Aide is responsible for helping to safeguard the resident's possessions e. Negligence - failure to use the care that a reasonably prudent and careful person (aide) would use in a similar situation Examples - Resident falls because side rails weren't raised Procedures incorrectly done Transmitting infections through carelessness	Help sensitize students to their own responsibility for competent care

Learner Objectives	Content	Teaching Aids and Approaches
8. Identify legal rights of residents which will be stated in a Resident's Bill of Rights	C. Resident rights 1. Residents of adult care homes have legal rights. These will be enumerated in a Resident's Bill of Rights which must be posted in the adult care home and which must be read and signed by each resident and included in his chart.	May get examples of Bill of Rights from various institutions. American Health Care Association has a suggested statement of resident rights.
	2. Types of rights which could be included in Bill of Rights a. Available services b. Right of privacy c. Confidentiality of medical records d. Grievance procedure e. Provisions for valuables and personal money	Understanding Aging and Human Needs, pp. 19-21 Being a Long-Term Care Nursing Assistant, pp. 5-7
9. State the aide's responsibility concerning residents' rights.	3. All staff have a legal and ethical responsibility to respect and uphold the rights of residents.	

UNIT 2 STEREOTYPES AND FACTS ABOUT AGING

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 2.0 hours
1. Recognize the purpose for learning about the aging process and social attitudes toward the aged	A. Purpose for studying facts about aging: Learning about aging and the social attitudes and stresses placed on the aging person might enable one to view the aged with understanding.	Being a Long-Term Care Nursing Assistant, p. 37
2. List some of the stereotypes about aging which are prevalent in our society	B. Stereotypes about aging 1. Old age starts at 65 2. Most elderly live in nursing homes 3. Retirement is seen as a negative thing by the elderly 4. The elderly are slow to learn 5. The elderly are hard to get along with 6. The elderly are unproductive 7. All elderly are lonely 8. All elderly eventually become confused	Modify this list as desired. Have class list their own stereotypes. Might present these as a true-false test to the class
3. State facts concerning aging and the elderly as to: - when is one 'old' - financial status - health, mental status - use of time - housing, transportation needs	C. Facts concerning aging 1. When does old age start? a. Chronological age is not a basis for determining abilities. Other factors include biological age, psychological age, social age. 2. Financial status: a. Majority of the elderly have a low financial status b. Retirement reduces income c. While many have homes which are paid for, maintenance and taxes continue d. Health care expenses often are great 3. Where the elderly live: a. Only 5% of the over-65 population live in institution 4. Health status of over-65 population a. 67% have chronic illness b. At any one time 10% are hospitalized c. 81% have no mobility problems	Filmstrip: Concept Media "Myths and Realities" The Nursing Process in Later Maturity p. 325

UNIT 2 STEREOTYPES AND FACTS ABOUT AGING (cont.)

Learner Objectives	Content	Teaching Aids and Approaches
	5. Mental status of over-65 population a. Elderly are able to learn, but do so more slowly b. 4.6% have some type of organic brain disease 6. Involvement of the over 65 population in community affairs	

UNIT 3 BASIC COMMUNICATION SKILLS

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 2 hours
1. Identify attitudes which promote communication between people	A. Attitudes which promote communication 1. Courtesy 2. Keeping emotions under control 3. Empathy	Being a Nursing Assistant, pp. 23-30 Being a Long-Term Care Nursing Assistant, pp. 9-16
2. Identify behavior which will help accomplish effective communication between the aide and residents.	B. Behavior which enhances communication between the aide and residents. 1. Provide opportunity for resident to express thoughts and feelings a. Listen to resident's comments b. Allow enough time for communication 2. Observe nonverbal behavior during interaction a. Body position b. Facial expression 3. Listen carefully to expressed thoughts and feelings and to tone of voice a. Express acceptance of resident b. Attentive, sympathetic listener 4. Encourage focus on resident concerns a. Don't criticize other staff b. Be responsive to resident's needs c. Self understanding on part of nursing assistant	Filmstrip: "Communicating Face to Face" by Harris-Tuchman
3. Identify factors which promote good communication between the aide and resident's family and friends	C. Communicating with residents' friends and family 1. Factors which promote good interpersonal relationships with resident's family and friends a. Kindness b. Patience c. Listening to family members d. Not interfering in private family business 2. Restrictions in information given to families a. One designated person - usually head nurse - communicates such information as diagnosis, doctor's orders, medical status b. Maintain confidentiality in communicating with family	Role play Research reveals that families obtain more help in visitation skills from aides than from any other staff member Discuss policies of local long term care facilities concerning who is to give specific information to family See Unit 1, B. 5 Respecting Confidentiality
4. Recognize factors which may block effective communication between resident, family and staff.	3. Inappropriate behavior or communication between resident, family, and staff may be due to a. Family's feelings of guilt or grief at institutionalizing the resident.	Understanding Aging and Human Need, p. 63-65.

Learner Objectives	Content	Teaching Aids and Approaches
	b. Resident's feeling of anger, guilt at being institutionalized. c. Concerns about money, pain, the future, separation from loved ones, etc.	
5. Identify factors which promote effective communication between the aide and other staff members	D. Communication between aide and staff members 1. Information the aide should report to supervisor a. Information about a resident that could result in his/her harm b. Any change in resident's behavior or physical condition c. Personal information about aide which could interfere with his/her performance d. All complaints from residents and visitors e. Written communication helps accuracy 2. Obstacles to effective staff communication a. Not listening b. Not assuring that the listener understood what you said 3. Understanding directives a. The aide has the responsibility to make sure he understands directives. b. If aide has not been trained to do an assigned task, he has the responsibility to say so	Text: Being a Nursing Assistant, pp. 11-12. Role play
6. Identify steps for answering resident's call signal	E. Using mechanical devices to promote communication 1. Answering call signal a. Answer as soon as call light goes on b. Turn off call signal when you enter the resident's room c. When finished helping resident, replace call signal where it can be reached	Demonstrate using call signal Being a Long-Term Care Nursing Assistant, p. 12
7. Identify techniques which promote communication using telephone or intercom	2. Techniques for using phone or intercom a. Identify your area b. Identify yourself and your position c. Speak slowly and clearly d. When taking a message, write it down	Role play

UNIT 4 COMMUNICATING WITH THE CONFUSED RESIDENT

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 1 hour
1. Identify behavior which may show that a resident is confused	A. Symptoms of confusion 1. Not knowing self or others 2. Talk incoherently 3. Forgetful 4. Not paying attention or understanding when someone else is speaking 5. Sleep disorders 6. Hallucinate, visual and auditory 7. Wander about, not oriented to place 8. Hostile, combative	Being a Long-Term Care Nursing Assistant, pp. 252-253
2. Identify ways of communicating with a confused resident which reinforce reality	B. Ways to reinforce reality to the confused resident 1. Tell resident your name 2. Remind resident what is expected of him i.e. "It's time for you to go to the dining room for dinner." 3. Use the resident's name in talking with him	This content will be covered in more depth in Part II. Elaborate on reality orientation in greater detail as time allows and you feel is necessary at this point.

UNIT 5 PRINCIPLES OF BODY MECHANICS, LIFTING AND MOVING A RESIDENT

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 3 hours
1. Define and discuss body mechanics as it applies to the aide	B. Body mechanics 1. Definition a. A special way of standing and moving one's body b. The term body mechanics is commonly used to describe the body movements by the staff when they move residents and/or objects c. The purpose of good body mechanics is to make the best use of strength and avoid fatigue d. By using good body mechanics you can prevent injuries, e.g., back strain and/or torn muscles and ligaments e. Good body mechanics on the part of the aide/orderly decreases the chance of injury resulting to residents when moving or lifting them	Being a Nursing Assistant, Chapter 6, pp. 119 Being a Long-Term Care Nursing Assistant, pp. 27-30
2. Identify and demonstrate rules of body mechanics	2. General rules of good body mechanics a. Use as many large muscles or groups of large muscles as possible 1. Use both hands rather than one hand to pick up a heavy object 2. Use the large muscles in your legs when picking up a heavy object instead of smaller back muscles. Squat down, bending your knees. Keep your back straight and raise up, using your leg muscles, never bend over at the waist to lift heavy objects. b. Always stand erect. Good posture is essential to good body mechanics. c. When lifting, your feet should be approximately with width of your shoulders, distance apart. (At least 12 inches.) This gives a broad base of support. d. Be as close as possible to what you're lifting or moving. Don't reach and try to lift or move an object. e. If possible, push, pull or roll rather than lift a heavy object. f. Use your arms to support the object. The muscles of the legs actually do the job of lifting NOT the muscles of your back. g. When doing work, always work with the direction of your efforts not against them. Avoid twisting your body as much as possible.	Demonstration of principles of good body mechanics Role play

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Learner Objectives	Content	Teaching Aids and Approaches
	h. If you think the object is too heavy to lift, then get help. Don't try to lift it alone. i. Always move residents who can not assist you using two people. It is easier on the resident physically and prevents you from being injured. j. Lift smoothly to avoid strain. Always count, "one, two, three" with the person you're working with. Work in unison. Do this also with the resident. l. When changing the direction of your movements, 1. pivot 2. turn with short steps 3. turn your whole body	
3. Identify general principles for lifting and moving residents	B. Lifting and moving 1. Principles a. Before procedure explain it to resident b. Protect all tubing when moving someone c. Give most support to heaviest parts of the body d. Hold resident close to the body for best support e. Use smooth, steady, not jerky motions f. Lock bed and chair wheels g. Raise bed when moving someone remaining in bed h. Protect resident modesty i. Use "draw" or turning sheet whenever possible j. Use transfer belt around resident's waist for safety	Being a Nursing Assistant, Chapter 6, pp. 119-143 Being a Long-Term Care Nursing Assistant, pp. 135-165 Demonstrate use of a transfer belt.
4. Demonstrate ability to: Raise to sitting position Move toward head of bed Move to one side of bed Turn onto side Transfer from chair to bed and bed to chair Transfer from bed to stretcher	2. Demonstrate the ability to: a. Raise resident to sitting position b. Move resident toward head of bed c. Slide helpless resident to one side of bed d. Turn resident onto side e. Transfer non-ambulatory resident from chair or wheelchair to bed f. Transfer non ambulatory resident from bed to wheelchair or chair g. Transfer from bed to stretcher	Use as guide for these procedures any basic nursing textbook or training filmstrip. An annotated bibliography is found at the back of this curriculum.
5. Describe correct body alignment.	C. Body alignment 1. The correct positioning of the resident's body is referred to as body alignment. When a person's body is in correct body alignment: a. Head is erect, not flexed forward nor extended backwards. b. Vertebral column is in normal alignment. c. The extremities are positioned according to the position of the resident. (This will be covered later in objectives.) d. Feet are in the "walking" position, not slanted forward. e. The wrists are neither flexed nor extended. Fingers are slightly flexed. Hips are straight in line with the thighs.	Being a Nursing Assistant, Chapter 6, pp. 128-132

Learner Objectives	Content	Teaching Aids and Approaches
6. Explain why correct alignment is important	2. Importance of correct body alignment a. Is essential to correct functioning of the body b. When the body is well aligned, undue strain is not placed upon the joints, muscles and body tissue c. Correct alignment helps prevent contracture	Nursing Skills for Allied Health Services by Wood, pp. 311-342
7. Describe postural variations which occur in the elderly	3. Posture of elderly residents a. Usually the posture of elderly people is one of flexion. 1. Head and neck are flexed slightly forward 2. Eyes look down 3. Spinal column is flexed forward and shortens 4. Slight flexion exists at the hips and knees b. The speed at which older people walk is slowed due to this flexed posture 1. Small shuffling steps are taken 2. Balance is not good due to the reduced strength of the hips and knee muscles	Trainex filmstrip: "Positioning to Prevent Complications." Being a Long-Term Care Nursing Assistant, pp. 181-187
8. Demonstrate correct positioning of a person in supine, prone, side lying, and sitting position	4. Demonstrate correct body alignment for a. Supine position b. Prone position c. Side lying position, semi suspine position, or semi prone position d. Sitting position	Demonstrate foot board to keep feet in walking position Demonstrate trochanter roll or sand bag to keep hip from rotating outward Demonstrate hand rolls Refer to a nursing skills textbook for more detail
9. Identify devices which are used to help positon the resident in normal body alignment and describe how they are used.	5. Devices which help position the body in normal alignment a. Pillows b. Sand bags c. Trochanter roll d. Abduction splint e. Palmar (hand) splint f. Hand roll g. Foot board	Being a Long-Term Care Nursing Assistant, pp. 183-184

UNIT 6 USING RESTRAINTS, WHEELCHAIRS, GERIATRIC CHAIRS, AND LIFTS

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 2 hours
1. Identify when restraints should be used and safety precautions in their use	A. Restraints 1. Purpose: for the protection of the resident to prevent injuries or interruption by the resident of needed treatments. 2. The guidelines to follow in the application of restraints. a. Allow resident as much movement as possible but still serving the intended purpose. b. Resident's circulation must not be occluded by the restraint. c. Pad bony prominences under a restraint in order to prevent trauma. d. The restraint needs to be applied so that the resident's body is in a normal position. e. Use the least amount of restraint that will protect the resident. Sometimes a posey vest restraint is all that is necessary. f. Never apply restraints without a direct order from your immediate supervisor. g. Check the resident's extremity every ½ hour for symptoms of occlusion. 1. Pallor, blueness. 2. Cold 3. Tingling 4. Pain 5. Pulses must be present If any of these symptoms are present, the restraints must be loosened immediately. h. Remove restraints every two hours. Exercise the limb and provide skin care. Ambulate resident if possible. i. Never apply a restraint without checking the resident's circulation before leaving the room. Pulses must be felt. Loosen restraint if they are not. j. Resident's health record should include: Doctor's orders for restraint , Reason for use, When applied and released, Type of restraint, Nursing care provided	Trainex filmstrip: "Use of Protective Restraints." Nursing Skills for Allied Health Services by Wood, pp. 659-669. Being a Long-Term Care Nursing Assistant, pp. 21-24 Use examples of policy concerning use of restraints from local adult care home facilities.
2. Discuss and demonstrate the ability to safely apply restraints.	3. Types of restraints a. Hand and foot restraints. 1. Used to keep a limb immobilized. 2. Wrist and/or ankle is padded with special felt pads. The cloth restraints are then applied by using a clove hitch (which will not tighten when pulled). The ends are then tied to the bed frame. Never attach a restraint to the side rails. b. Cross over jacket restraints (posey vest) 1. Are put on like a jacket. 2. Ends are crossed over in the back. 3. Ends are tied behind wheel chair or on bed frame.	Examples of various restraints. 1) Hand and foot restraints. 2) Posey vest. 3) Safety belts. 4) Mitt restraints. Role play and/or demonstration of application of restraints.

Learner Objectives	Content	Teaching Aids and Approaches
	c. Safety belts. 1. Locked and/or unlocked models. 2. Belt goes around resident's waist. 3. Attaches to a longer belt which is fastened behind wheelchair or on bed frame. d. Mitt restraints. 1. Are used for confused residents who could harm themselves with their hands or fingers. 2. A mitt is similar to a paddle that encloses the hands.	
3. Identify and discuss the safety precautions involved in the use of wheelchairs and geriatric chairs.	B. Safety with wheelchairs, and geriatric chairs 1. Resident should be covered to prevent chilling. Blankets should be kept away from wheels. Tuck the blanket firmly around the resident.	Text: Being a Nursing Assistant, Chapter 6, p. 133.
	2. The wheelchair or geriatric chair should be wiped off with an antiseptic solution after each use, it if is to be used by others.	Role play.
	3. Push the wheelchair from behind except when going in and out of elevators, pull the wheelchair into and out of the elevator backwards.	Because they are difficult to steer, geriatric chairs are easier to guide when pulled backwards. Traveling backwards is not ideal for the resident.
	4. If moving a resident down a steep ramp, you should take the wheelchair or geriatric chair down backwards. Glance over your shoulder to be sure of your direction and prevent collisions and possible falls.	
	5. Set the brakes when: a. Assisting a resident into a wheelchair or geriatric chair b. Assisting a resident out of a wheelchair or geriatric chair c. When the wheelchair or geriatric chair is to remain stationary.	
	6. Put foot rests up when assisting resident in and out of wheelchairs or geriatric chairs.	
	7. Have resident's feet on foot rests. Never attempt to move the wheelchair if the foot rests are in an up position.	
	8. If safety straps are needed (e.g. with a resident who can not sit safely by himself) be sure they are fastened correctly.	
	9. Be careful of resident's feet when turning the wheelchair or geriatric chair or when going down corridors. Pay attention where you are going and push chair slowly.	

Learner Objectives	Content	Teaching Aids and Approaches
	10. Slow down at corners and look before moving the wheelchair, to prevent collisions with other residents, staff, etc. 11. Elderly residents depend on you for their safety. a. Never assume that corridors are empty. b. Push the wheelchair or geriatric chair slowly to prevent accidents.	
4. Identify and discuss safety precautions involved in the operation of portable hydraulic lifts to move residents.	C. Hydraulic lifts 1. Types, purpose a. There are many different kinds of mechanical lifts. Each institution will possibly have a different model. (The safety precautions discussed here will be general information as it applies to all types.) Hydraulic lifts are used to move residents from bed to chairs or into whirlpools and baths. b. The mechanical lifts are usually used for residents who can not assist in their own transferring and/or residents who are too heavy for the staff to lift safely. c. Some models have canvas straps or canvas slings. 2. General safety rules. a. The wheelchair to which the resident is to be moved is placed nearby. Allow enough room for the lifter to be turned. Wheelchair brakes are locked. b. Never operate a mechanical lift without the assistance of another staff person. Safety requires that at least two people are present. c. Lock all brakes after positioning lifter. d. Be sure that all locks and straps are fastened securely before operating lifter. e. When resident is secured in straps or slings, raise him slowly. f. One person guides the resident's legs in the direction you want to go. Be careful that the legs do not bump into any objects. The other person moves the lifter. g. Be sure to reassure resident while transferring. h. Elderly people are very frightened about falling.	Being a Nursing Assistant, Chapter 6, pp. 139-140. Trainex filmstrip: "Use of Patient Lifters." Nursing Skills for Allied Health Services by Wood, pp. 279-310. A common brand of hydraulic lift is Hoyer. Role play Demonstration mechanical lift, if available.
5. Identify safe and proper use of walkers, canes and crutches	D. Safe use of walkers, canes and crutches. 1. All devices should have skid-proof tips. 2. Residents should wear skid-proof shoes. 3. Walkers - safe technique: stand still, place walker forward with all four legs solidly on floor, step forward toward walker, repeat.	Demonstrate correct use of these devices Being a Long-Term Care Nursing Assistant, pp. 177-181 Demonstrate proper height for devices.

Learner Objectives	Content	Teaching Aids and Approaches
	4. Crutches: should have some space between top of crutch and axilla, arms should be completely extended and weight supported on palms of hands.	
	5. Cane: a quad cane, (having four feet to put on the floor) is more stable than plain cane.	
	E. Assist resident with walking 1. Resident should wear skid-proof shoes	
	2. When assisting a person from bed to walking move slowly to avoid dizziness. Observe for signs of dizziness.	Demonstrate Role play.
	3. Assist on weak side.	
	4. Allow resident to use strong side for holding onto hand rails.	
	5. When assisting a visually impaired resident, walk slightly ahead, allow resident to hold aide's arm. Explain hazards in path as necessary.	
	6. Transfer belt may be used for safety.	

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 1.5 hours
1. Identify reasons why infection prevention and control is important	A. Basic principles of infection control 1. Practices which help reduce the number and hinder the transfer of disease producing microorganisms from one person to another, or from one place to another may be called infection control or medical asepsis. These practices are important because: a. Microorganisms are always present in the environment. Some of these microorganisms can cause disease (pathogens) b. Elderly people and individuals with chronic diseases are often more susceptible to pathogens c. Reducing the number of microorganisms and hindering their transfer increases the safety of the environment.	Being a Nursing Assistant, pp. 67-89. How to be a Nurse's Aide in a Nursing Home (AHCA) pp. 97-101
2. Discuss conditions which affect bacterial growth	2. The nature of microorganisms a. Names of possible pathogens include: bacteria (streptococcus, staphylococcus, etc.) and viruses b. Conditions which affect growth 1. Food - bacteria need organic material to nourish themselves. 2. Moisture - most bacteria grow well in moist places 3. Oxygen - most microorganisms need oxygen to live 4. Temperature - most bacteria thrive at body temperature. Many are killed by temperatures above 170° F, but cold temperatures mainly slow down growth. 5. Light - many bacteria die when exposed to light, but flourish in darkness	You may ask students to give names of pathogens
3. Name ways to which microorganisms are spread	c. Ways microorganisms are spread 1. Direct contact with person who carries it or has the infection. 2. Indirect contact - touching objects contaminated by person with infection, taking in food or other substances which, have been contaminated 3. Through the air - by droplet spread from coughing or talking, or by dust particles in the air	You may want to give examples of specific conditions to illustrate modes of spread.
4. Identify practices which hinder the spread of infection	3. Practices which hinder the spread of infection a. Cleaning the resident's unit b. Washing your hands c. Handling bed linen correctly d. Disposing of contaminated articles correctly e. Cleanliness of self and resident f. Cleanliness of resident's equipment; e.g. bathtub, whirlpool, etc	Emphasize these practices throughout the course.

Learner Objectives	Content	Teaching Aids and Approaches
5. Discuss the reasons for good handwashing	B. Techniques used to control infection 1. Handwashing a. Reasons for good handwashing. 1. Everything you touch has germs on it. 2. In your work you use your hands constantly. 3. Your hands carry germs from resident to resident and from resident to you. Washing your hands will help prevent this transfer of germs. 4. Handwashing is the first line of defense against spreading microorganisms.	
6. Identify key points of the handwashing routine. Demonstrate effective handwashing	b. Handwashing routine 1. Wash your hands before and after contact with each resident. 2. Use soap dispenser rather than bar soap, if available, since there is less chance for contamination. 3. Use enough soap to produce adequate lather. 4. Vigorous rubbing over surface of hands helps remove microorganisms. 5. Hold your hand lower than your elbows while washing. 6. Rinse from the clean to dirty. Elbows (clean) to finger tips (dirty). 7. Rinse your hands well after washing and dry thoroughly with paper towel. 8. The water faucet is always considered contaminated. Use paper towels to turn off faucet.	Demonstrate Handwashing is not specifically mentioned in other parts of the curriculum which describe personal care procedures. The instructor should re-emphasize the need for handwashing and other infection control practices throughout the course.
7. Identify methods used to control microorganisms on supplies	2. Methods of controlling microorganisms on supplies a. Disinfection is the process of destroying as many harmful organisms (pathogens) as possible. It slows down the growth and activity of the organisms that cannot be destroyed. 1. Most supplies and equipment used in the care of residents can be disinfected. 2. Special chemical solutions can be used to disinfect. Instructions will be given by the nurse in charge. Read label directions. b. Sterilization is the process of killing all micro-organisms, including spores. 1. Machines that sterilize are called autoclaves 2. When an object is free of any microorganisms, it is called sterile.	

UNIT 8 MAINTAINING THE RESIDENT'S UNIT

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 1.5 hours
1. Identify and state the purpose for items in the resident's unit	A. The resident's unit: furniture and equipment 1. Furniture in the unit a. Bed 1. Gatch handle or electric controls 2. Side rails. b. Lamp. c. Overbed table. d. Bedside table. e. Geriatric chair. f. Commode 2. Items for personal bedside care. a. Urinal/bedpan. b. Washbasin. c. Emesis basin. d. Personal hygiene and grooming supplies 3. If the unit is for two residents, there will be a screening curtain to allow for privacy of each resident.	Being a Nursing Assistant, pp. 91-110 Tour a resident room or have pictures of furniture and equipment available. Show students how to adjust bed and use other equipment. Nursing Skills for Allied Health Services, pp. 24-35, 191-215. How to be a Nurse's Aide in a Nursing Home (AHCA), pp. 10-18.
2. Discuss ways of keeping the resident's environment comfortable	B. Ways of providing environmental comfort in the resident's unit 1. Provide ventilation according to the resident's preference and condition 2. Adjust temperature for personal differences, keeping in mind that the elderly cannot adjust as well to extremes of temperature 3. Provide extra humidity for residents with respiratory disorders, as directed by the nurse in charge 4. Adjust lighting for day and night safety. Place lights to avoid glaring.	
3. Identify tasks involved in assuring that the resident's unit is safe and completely furnished.	C. Daily maintenance of the resident's unit 1. Be sure call bell is within reach. Do this each time you leave the resident's unit. This is very important to remember. Accidents happen because residents try to help themselves and this can result in injuries. 2. Chairs should be placed out of the mainstream of traffic areas, when not in use by the residents. 3. Urinal should be within easy reach of male residents. Urinals need to be emptied to prevent spilling. 4. The bedside stand should be within easy reach and only contain items used frequently by the resident. Discourage hoarding while being sensitive to resident's desires.	

Learner Objectives	Content	Teaching Aids and Approaches
	5. Disposable supplies for one person to use should be cleaned after each use, if appropriate. They should be discarded when they no longer can be cleaned by washing.	
	6. The bed should always be in the lowest position. In case of falls, the resident is closer to the floor which might prevent serious injuries.	
	7. Bed rails should be used consistently.	
	8. Each time you enter a resident's unit, look around for possible dangers, such as a. Spills on the floor b. Items that could trip someone c. Frayed electrical cords	
	9. The unit should be cleaned daily. The aide or resident should straighten the resident's personal belongings. Housekeeping personnel will clean the remainder of the room.	
4. Discuss measures which make the bed comfortable	D. Bed-making 1. Making a comfortable bed a. Older people have less tissue padding over their bones and wrinkles can actually cause them pain. b. The older resident's skin is very easily damaged. Wrinkles can restrict circulation resulting in pressure areas. These pressure areas lead to the development of decubitus ulcers (bed sores). c. If a resident is unable to be out of bed, all activities of daily living will be carried out in bed. d. Residents who remain in bed all of the time need their linens straightened and checked frequently throughout the day and night. e. Many times older residents are incontinent of urine and/or feces. Their linens may need to be changed more often. Check these residents frequently. Never allow a resident to lie in a "dirty" bed.	
5. Identify types of bed-making and when each is appropriate	2. Types of bedmaking a. Unoccupied - the resident is able to leave the bed while it is made. 1. Closed bed a. Is made with the top sheets and spread pulled all the way up. b. Is usually used if the resident is to remain up for most of the day. c. The pillow can be enclosed or left out depending on the institution's policy.	

Learner Objectives	Content	Teaching Aids and Approaches
	2. Open bed a. Has the top sheet and spread fan-folded to the bottom of the bed. b. Allows easy access by the resident and when in bed he/she can pull sheets and spread up easily. c. Is the most common method of bedmaking. b. Occupied 1. This method is used for a resident who is unable to be out of bed 2. The method is much the same as the unoccupied bed; but is harder to get the bottom sheets smooth and tight under the resident. 3. The occupied bed is usually made after the resident's bed bath is completed.	
Demonstrate making occupied and unoccupied beds	3. Method of bedmaking Follow method suggested in a basic nursing skills textbooks, including: a. Measures for resident comfort (preventing wrinkles allowing toe room) b. Measures for resident safety (using bedrails) c. Preventing transfer of microorganisms while handling linen d. Using good body mechanics	Demonstrate to students. Return demonstration of occupied bedmaking may be done with bed bath. Texts listed at the beginning of this unit give detailed descriptions.

UNIT 9 SAFETY

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 1.0 hour
1. Identify and discuss reasons for safety precautions for the elderly	A. Reasons for safety precautions for the elderly: increased chance of accidents due to 1. Mental confusion 2. Impaired mobility 3. Dinimished senses - sight, hearing, touch, taste, smell	This content is reviewed in other units.
2. Identify safety precautions the aide should take to prevent falls	B. Safety precautions the aide should take to help residents 1. Prevent falls a. Have bed rails up b. Resident should wear shoes or slippers with non-skid soles, have shoe laces tied c. Avoid long gowns or robes which may trip resident d. Throw rugs should not be used e. All liquid spills should be wiped dry immediately f. Encourage use of hand rails g. Canes and walkers should have good non-slip tips h. Use caution when skin and bath oils are used because it makes people and tubs slippery i. Assistance items such as shower chair and raised toilet seat may prevent falls for residents with limited mobility j. Resident should be instructed to ring the call bell for assistance rather than climbing over bed rails. A vest restraint may help protect a resident who cannot follow these instructions	Being a Long-Term Care Nursing Assistant, pp. 19-21
3. Identify precautions the aide should take to prevent burns	2. Prevent burns a. Assist a confused person when he is given hot liquids to drink b. Bath water should be checked to insure it is a safe temperature before the resident gets in the tub c. Confused residents should be watched while in tub or shower so they don't turn on hot water, resulting in burns d. A confused person should be supervised when he smokes e. Any equipment which produces heat should be carefully watched when in use. Elderly people sometimes have decreased sensation and may not feel that the skin is being burned.	

Learner Objectives	Content	Teaching Aids and Approaches
4. Identify safety precautions the aide should take to prevent falls from bed, chairs, wheelchairs	3. Prevent falls from bed, chairs, wheelchairs a. Restrain resident who is likely to fall from bed or chair; doctor's order is required for this b. Keep bed rails up c. Lock wheels on bed or wheelchair d. When transporting resident in bed, geriatric chair or wheelchair "drive safely", slowly, approaching corners with caution, with resident facing front. e. Use transfer belt or hold resident securely when transferring between bed and chair	This content will be a review of what is presented in the unit on transfer and lifting.
5. Identify safety precautions the aide should take to prevent choking	4. Prevent choking a. Make sure that food is cut or chopped in small enough pieces for resident to swallow	
6. Identify precautions the aide should take to prevent ingestion of harmful substances	5. Prevent ingestion of harmful substances a. Never feed resident contents of unlabeled bottle or foods which you are not sure are clean b. Do not leave potentially poisonous or harmful substances at the bedside (liquid soaps, skin medications)	
7. Identify safety precautions for oxygen use.	C. Safety precautions for oxygen use 1. Precautions for oxygen safety should be posted outside any room where it is being used 2. Limit any situations which might start a fire because oxygen supports combustion. a. No smoking or open flame b. Electrical equipment should be grounded 3. If an oxygen tank is used, it should be stabilized so it does not fall over.	Being a Long-Term Care Nursing Assistant, pp. 278-279
8. Identify actions to take when a fire is discovered	D. Actions to take when a fire is discovered 1. Follow the institution's emergency plan. It is the responsibility of the employee and employer to insure that all staff are familiar with the emergency procedure. 2. The plan usually includes: a. Activating the alarm b. Evacuating residents, if necessary c. Extinguishing the fire, if possible	See Unit 32

Learner Objectives	Content	Teaching Aids and Approaches
9. Describe what action the aide should take when a fire is discovered in an adult care home.	D. What the aide should do when a fire is discovered. 1. First responsibility is to protect resident. If the fire is in a resident's room or on resident's clothes, rescue resident first and call for help. 2. If fire is not in an area which will immediately endanger residents, sound alarm and notify supervisor first. 3. Follow facilities emergency fire procedure. This means aide must be familiar with it before a fire occurs.	Being a Long-Term Care Nursing Assistant, p. 33 Have students share in class emergency fire procedure from employing facilities.

UNIT 10 CLEANLINESS AND GROOMING

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 6.0 hours
1. Discuss factors which affect a person's hygiene needs and practices	A. Factors affecting hygiene needs and practices 1. The older person's skin may not require as frequent bathing with soap and water as when he was younger	Being a Long-Term Care Nursing Assistant, pp. 126-141
		Being a Nursing Assistant, pp. 153-159
	2. Fever or other illness may change frequency of care	Nursing Skills for Allied Health Services, pp. 232-257
	3. Individuals may have preferences based on past habits. Allow some flexibility in hygiene routines while maintaining standards of cleanliness	How to be a Nurse's Aide in a Nursing Home (AHCA), pp. 25-40
2. Name goals for oral hygiene	B. Oral hygiene - Cleaning the person's mouth and teeth 1. Goals a. Prevent mouth inflammations and tooth damage by removing food particles which are a site for bacterial growth b. Refresh the resident's mouth	
3. Identify general practices for oral hygiene	2. General practices a. Teeth or dentures should be brushed after every meal or at least in the morning and at bedtime b. The resident should be encouraged to help as much as possible c. Food particles are most likely to accumulate and remain in the side of the mouth affected by a stroke. Take special care to rinse or wipe out mouth	
4. State and demonstrate the correct method to use toothbrush	3. Toothbrushing a. May be neglected because unbrushed teeth are not visible and mouth damage occurs over a long period of neglect b. Brush should move food particles away from gums	Show supplies
5. Identify how to safely care for the resident's dentures	4. Denture care a. Have resident remove dentures and place in emesis basin or denture cup. Dentures are slippery, handle with care. b. If resident cannot brush own dentures, clean at bathroom sink c. Line sink with paper towels or fill with water to cushion, if dropped d. Use cool water and denture cleanser while brushing. Hot water may damage denture material e. Resident should rinse out mouth, using water or mouthwash if desired f. Return dentures to resident, replacing in mouth while moist g. Store dentures in fresh water or prepared solution when not in use	

Learner Objectives	Content	Teaching Aids and Approaches
6. Discuss how to safely give mouth care to the unconscious resident	5. Mouth care for the unconscious resident a. Position on side or have head turned to side to keep liquids from running down throat b. Use packaged mouth care swabs or gauze-wrapped tongue blades moistened in mouthwash c. Wipe all mouth surfaces d. Moisten lips with lubricant e. Mouth care for the unconscious resident should be done more frequently than regular mouth care, since he may not have enough saliva secretion to keep his mouth moist and his lips and gums may become cracked and sore. This can lead to infection.	
7. Identify the purposes of bathing	C. Skin care - bathing 1. Reasons for bathing a resident a. Clean the skin b. Eliminate odors c. Cool and refresh d. Stimulate circulation to prevent bed sores	
8. Identify general guidelines to follow when bathing the resident	2. General guidelines for bathing a. After a bath the bed is made, hair is combed, and the resident puts on fresh clothing b. Plan ahead. Check resident's room or bathroom for supplies before starting c. Protect the resident's modesty and prevent chilling by closing door, drawing curtains and exposing the person as little as possible d. Soap can dry out the skin, especially on the elderly. Be sure to rinse the soap off well. Special cleaning moisturizing liquids may be used instead of bar soap. e. Examine the resident's skin while bathing him. Report any redness, rashes, broken skin or tender places that you see.	
9. Demonstrate bedbath. Identify actions which promote comfort for the resident	3. Bedbath a. Follow method suggested in a basic nursing text, including: 1. Making a mitt from the washcloth or showing other methods of keep tails of washcloth under control 2. Keeping water comfortably warm and clean 3. Washing and drying one body part at a time 4. Giving a backrub and massaging other bony prominences with warmed lotion	Demonstrate complete bedbath or show filmstrip, "Bedbath" (Trainex). Students may give a return demonstration along with making an occupied bed and placing a bedpan. However, since bedbaths are not frequently done in the work setting, you may wish to de-emphasize this method. Text listed at the beginning of of this unit gives detailed descriptions. Include partial bedbaths and self-with-help baths as you feel it is necessary.

Learner Objectives	Content	Teaching Aids and Approaches
10. Identify situations in which perineal care needs to be given	b. Perineal care 1. Residents who are incontinent of urine or feces may need more frequent washing 2. Residents with urinary catheters continue to need perineal cleaning. Demonstrate.	
11. Discuss how whirlpool baths are given.	4. Whirlpool bath a. The resident is placed in a chairlift and lowered into the whirlpool bath. b. The action of the water cleanses, and helps prevent and heal bedsores. c. Range of motion exercises should be encouraged while resident is in the water. d. Never leave the resident unattended. e. The resident may feel faint or dizzy after being in the tub of warm water. f. Tub must be cleaned following use.	Visit a nursing home to demonstrate use of whirlpool. Demonstrate how tub is cleaned after using.
12. Discuss how shower and tub baths are given.	5. Tub or shower Follow basic method including: a. Checking water temperature carefully, as with other methods, before resident enters water. b. Drying resident's skin before trying to help him/her move from tub or shower. c. Using shower chair to provide security	Demonstrate the use of tub, shower and shower chair in the nursing home setting.
13. Discuss why, when, and how a back rub is given.	D. Backrub 1. Purpose: Refresh and relax resident Stimulate circulation 2. May be given as part of bath routine, at bedtime, or when you change a resident's position 3. Technique a. Warm the lotion in the palm of your hand before putting it on the resident's skin. b. Exert firm pressure as you stroke upward from the resident's buttocks to shoulders and gentle pressure as you stroke downward from shoulders to buttocks. c. Use a circular motion over each bony prominence. d. Remove excess lotion by patting with a towel.	Demonstrate specific actions to students. Return demonstrations may be done, having the students identifying areas prone to skin breakdown.
14. Discuss how to dress and undress the resident.	E. Dressing and undressing a resident 1. Residents in a long term care facility should be dressed in their own "street" clothes whenever possible, unless they are bedridden. 2. Residents should dress themselves whenever possible.	Nursing Skills for Allied Health Services, pp. 216-231.

Learner Objectives	Content	Teaching Aids and Approaches
	3. If they need assistance: a. Remove one arm of a shirt or blouse at a time. Older people do not bend as easily as a younger person. b. Sometimes raising both arms over the head and putting on or removing the sleeves on both arms at once prevents stretching of the shoulder muscles and pain, especially with people that have arthritis. c. If the resident is paralyzed on one side, dress that arm or leg first and remove that arm or leg last from the clothing. d. NEVER jerk or pull clothing off. Be gentle and remove clothing slowly.	
15. Discuss the care of a resident's hair. A. Shampooing.	F. Hair Care 1. Shampooing a resident's hair. a. The cleanliness and grooming of both men's and women's hair is frequently associated with a person's sense of well being. b. The frequency with which a person needs to have his hair shampooed is highly individual, but usually once a week is sufficient. c. There is a wide variety of shampoos available, and most residents have their own favorite brand. d. If a person's hair tends to tangle after it has been washed, a conditioning rinse should be used. e. Many long term care facilities have beauty shops where residents can have their hair done once a week. f. Be sure that all of the shampoo is rinsed out of the hair to prevent drying and itching of the scalp.	
B. Combing the hair.	2. Combing a resident's hair. a. Hair should be combed daily after morning care. b. Residents feel better about themselves if their hair is combed and styled attractively. c. Brushing and combing the hair stimulates the blood circulation in the scalp. It also brings oils to the surface and spreads them evenly over the hair. d. If you comb the resident's hair in bed, cover the pillow with a towel. e. Brush up from the neck toward the top of the head. This stimulates the scalp. f. While combing, hold a small section of hair between the scalp and the comb to prevent pulling. If hair is long, start at the ends and work towards the scalp. Long hair may be braided to prevent tangling. Try to style it the way the resident likes it, if possible. Residents should always be encouraged to comb their own hair if physically possible.	

Learner Objectives	Content	Teaching Aids and Approaches
C. Cutting	3. Cut the resident's hair only with permission from resident and family.	
D. Beard care.	4. Beard care a. Wash beard either when hair is shampooed or when when bath is taken. Wash more often if food or liquid is frequently spilled in beard. b. Comb or brush when hair is groomed. c. Trim with consent of resident and family.	
16. Discuss the care of a resident's fingernails and toenails.	G. Nail care 1. Nails may be cleaned at bathtime. 2. Soaking the nails in warm, soapy water helps to loosen any material that might have collected. 3. Always be careful when cleaning the nails not to injure the skin surrounding the nail itself. 4. Fingernails should be trimmed to an oval shape. Toenails should be cut straight across with a blunt-tipped scissors or heavy nail clippers. 5. The nails of a diabetic resident should be cut with extreme care. They may be cut by a physician, podiatrist, or other specially-trained person. Check with the nurse in charge.	
17. Discuss shaving resident's facial hair	H. Shaving 1. All male residents should be shaved daily, unless they have a beard. 2. Most male residents are often able to shave themselves. In this case, you will only give him the help that is necessary, such as being sure he has the equipment he needs. 3. If a person is too ill or weak to shave himself, you will do it. 4. Always check with your supervisor before shaving a resident that you have not shaved before. Some people may not be permitted to shave or be shaved. 5. Shaving can be done with an electric razor. Electric razors are never used if a resident is receiving oxygen, unless it can be turned off for the time it takes to shave him. 6. When using an electric razor, move the razor in a circular motion. Clean it after each use.	

Learner Objectives	Content	Teaching Aids and Approaches
	7. Female residents with excess dark facial hair may wish to shave or use a hair remover (depilatory) to improve their appearance.	
18. Describe the signs and symptoms of a decubitus ulcer. Identify locations which are prone to ulcer formation.	I. Special skin care - decubitus ulcers 1. Signs and symptoms of decubitus ulcers (bed sores or pressure sores.) a. The resident's skin will be: 1. Reddened 2. Warm 3. Tender 4. Painful 5. Have feeling of burning b. When the skin is broken, a bedsore has formed. Damage may have occurred in underlying tissue before the skin breaks. c. Places to check on the body for a bedsore are the bony prominences, such as: 1. Shoulder blades 2. Elbows 3. Knees 4. Heels 5. Ankles 6. Backbone d. Older people are more prone to the development of bedsores. 1. Their skin is very easily damaged. 2. They may not have an adequate amount of tissue padding over their bones. 3. They need to be reminded to turn and encouraged to be up in the chair as often as possible. e. Obese people tend to get decubitus formation on areas where their body parts rub together. Places to check for formation of bedsores are the folds of the body where skin touches skin.	Nursing Skills for Allied Health Services, by Wood, pp. 444-451. Being a Nursing Assistant, pp. 365-368. This content may be taught with the unit on lifting and moving residents. This content will be reviewed in Part II along with methods of decubitus treatment.
19. Discuss how to prevent decubitus ulcers.	2. Prevention a. Once a bedsore has formed, it is very hard to heal. b. Prevention is the responsibility of everyone involved in the resident's care. c. Prevention involves removing causes: 1. Pressure- Turn the resident often. Change his position at least every two hours. - Don't leave a resident on a bedpan for a long time. - Keep bed linens or resident's clothing free from wrinkles under his body. 2. Shearing - Lift, rather than slide, resident when positioning in bed or chair.	

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Learner Objectives	Content	Teaching Aids and Approaches
	3. Irritation - Keep resident's skin clean and dry. - Keep linen and clothing clean and dry. - Check incontinent residents frequently. Clean up urine or feces immediately. - Use powder in skin folds of obese people. Clean this off daily. 4. Poor circulation - Massage the bony prominences with lotion each time you turn a resident.	

UNIT 11 ASSISTING THE RESIDENT WITH FOOD AND FLUIDS

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 3 hours
1. Discuss how to promote a positive atmosphere for mealtime.	A. Assisting the resident at mealtime. 1. Promoting a positive atmosphere for mealtime a. The resident should be physically comfortable. b. The surroundings should be pleasant and comfortable c. The social aspect of mealtime should be considered. Residents who are physically able should eat in the dining room rather than in the isolation of their rooms. Sitting at a table with someone to talk with adds to the positive experience.	Being a Long-Term Care Nursing Assistant, pp. 204-209
2. Identify devices and techniques which may be used to help the resident maintain independence while eating.	d. The resident should be encouraged to remain independent 1. Food is provided in a manageable form (e.g. bread is buttered, meat cut) 2. Assist visually impaired persons in locating food and utensils 3. Use special eating devices, such as a plate guard or adapted spoon to aid handicapped residents in self-feeding	Describe how to assist visually impaired residents. An occupational therapist may be able to provide pictures of these devices.
	2. A resident may require a therapeutic diet, which is prescribed by the doctor, and planned by the dietitian. Therefore do not interchange food from one resident's tray to another.	
3. Describe how to feed a resident	3. Feeding a resident a. To help prevent choking, assist the resident to a sitting position, if possible. Raise the head of the bed if the resident is unable to get into a chair. b. Protect the resident's clothing by using a bib or napkin. c. Encourage the resident to help by having him hold finger foods d. Season foods according to the resident's preference e. Maintain separate flavors of foods. Do not stir all foods together before feeding. f. Identify the food as you feed them to the resident: "This is mashed potatoes. Now, I'll give you some meatloaf." g. Feed hot foods and liquids cautiously to prevent injuring the resident. h. Allow adequate time for the resident to chew thoroughly. Alternate liquids and solids as the resident prefers. i. A feeding cup or feeding syringe may be used to give liquids to a resident who cannot use a straw or cup effectively. A feeding syringe should be used with care, to prevent aspiration of liquid. The tip may be placed inside the resident's cheek instead of on top on the tongue so he has opportunity to control the liquid and swallow it.	The students may roleplay this experience. Ask them to bring suitable food, a spoon and and a blindfold. Show examples of these devices.

Learner Objectives	Content	Teaching Aids and Approaches
4. State how to identify a choking victim.	4. How to identify a choking victim a. Cannot speak b. Cannot breathe, gasps for air c. Turns blue d. Collapses if obstruction is not removed Beginning aide should notify another person trained in emergency care immediately to initiate assistance.	Being a Long-Term Care Nursing Assistant, pp. 24-25 Heimlich Maneuver will be covered in Part II.
5. Identify the importance of adequate hydration.	B. Hydration 1. Importance of adequate fluid intake a. Helps prevent constipation b. Helps dilute wastes and flush out urinary system c. Helps maintain skin turgor	
6. Describe how to distribute between meal fluids, avoiding transmission of micro-organisms	2. Helping the resident have adequate fluid intake a. Water pitcher is kept at bedside b. Aide may be required to replenish this water supply, using care to prevent spread of microorganisms	Demonstrate procedure for "passing water" avoiding transmission of microorganisms
	3. Snacks of juice or other fluids may be distributed between meals.	
7. Identify ways to encourage adequate fluid intake	4. To encourage a resident to drink fluids, one should offer small amounts frequently and let the resident have his preference of fluids	
8. Discuss why a resident's weight may be regularly measured and recorded	C. Measuring weight 1. Why weight is measured a. To check weight status and food needs. Helps determine if resident's calorie intake is adequate for his/her energy needs. b. To estimate fluid retention or edema and to monitor the effect of diuretic medication.	How to be Nurse's Aide in a Nursing Home, pp. 59-60. Being a Long-Term Care Nursing Assistant, pp. 82-84
9. Describe how to check weight accurately	2. How to check weight accurately a. Weigh resident at same time of day (usually before breakfast) and in same type of clothing. b. Use same scale each time. Check to see that scale balances before weighing resident.	Demonstrate use of balance scale. Demonstrate use of other scales (wheelchair scale, bed scale) as available.

UNIT 12 ELIMINATION

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 2 hours
	A. Assisting the resident with urination	
1. Identify and demonstrate correct procedure for assisting resident with bedpan or fracture pan.	1. Correct procedure for assisting resident with bedpan or fracture pan. a. Best position for resident is sitting upright b. Close door and curtains to provide privacy c. Use warm running water on hands, over perineum or other techniques to promote urination d. Infection control: cleanse resident's perineum, hands, and bedpan e. Refer to a nursing text for more specific procedure	Being a Long-Term Care Nursing Assistant, pp. 230-232 Demonstrate in class This content will be covered in greater detail in Part II.
2. Identify correct procedure for assisting resident with using urinal	2. Assisting a resident with urinal a. Place urinal if resident is unable to do so b. Urination for the male resident may be easier if he can stand up to use the urinal c. Close door and/or curtains for privacy	Demonstrate
3. Identify correct procedure for assisting resident with using the bedside commode or toilet	3. Assisting resident to use bedside commode or toilet a. Close door and/or curtains for privacy b. Restrain resident as required for safety to prevent falling from commode c. Stay with resident if necessary for safety d. Infection control: cleanse resident's perineum and hands, commode as necessary	Demonstration, return demonstration in class
4. Identify signs which may indicate that a resident is constipated	B. Constipation 1. Symptoms a. Record of no recent BM b. Abdominal distension, flatus c. Abdominal discomfort, agitation, irritability	
5. Identify measures which may be part of a resident's care in order to prevent or relieve constipation	2. Measures to relieve constipation a. Lots of fluids orally b. Diet containing bulk, fiber c. Exercise d. Prompt response to natural urge usually after a meal e. Laxatives, stool softeners 1. Administered by med. aide or licensed nurse with Dr.'s order 2. May be given orally or by suppository f. Enema - with Dr.'s order	Being a Long-Term Care Nursing Assistant, pp. 189-190

Learner Objectives	Content	Teaching Aids and Approaches
6. Describe measures to provide skin care and comfort for the incontinent resident	C. Maintaining skin care and comfort for incontinent resident 1. Check resident at least every 2 hours for incontinence	Being a Long-Term Care Nursing Assistant, pp. 239-240
	2. When resident is incontinent put on dry, clean clothes and bed linens as required and wash and dry all affected skin.	
	3. May use an adult disposable, protective undergarment	Have available adult absorbant undergarments and various types of pads for protecting bed
	4. Use protective pads on bed	
	5. Do not scold or treat resident like a child	
7. Identify what is meant by fluid balance, fluid imbalance, and effects of aging on fluid balance.	D. Measuring and recording fluid balance - intake and output. 1. Fluid balance and imbalance a. Fluid balance: body equalizes amount of fluid taken in with amount of fluid excreted via urination, feces, perspiration, breathing b. Fluid imbalance: 1. Too much fluid retained in body, called edema 2. Too much fluid lost: dehydration from vomiting, diarrhea, bleeding, perspiration c. Effects of aging on fluid balance: 1. Eating difficulties can cause inadequate intake of fluids 2. Disorders can cause retention of too much fluid.	How to be a Nurse's Aide in a Nursing Home, p. 49 Being a Long-Term Care Nursing Assistant, pp. 224-227
8. Identify reasons for measuring intake and output. State the abbreviation used for intake and output.	2. Importance of measuring fluid intake and output a. Physician's diagnosis and treatment may depend on accurate measurement of intake and output b. Measurement of intake and output can monitor progress of treatment or of a disorder (i.e. effects of a diuretic, effects of kidney disease) c. Abbreviation: I and O.	
9. Identify and demonstrate the procedure for measuring and recording fluid intake.	3. Procedure for measuring and recording fluid intake a. Unit of measurement is c.c. (cubic centimeter) or ml (milliliter) b. Observe and measure all fluids taken by resident c. May use list of volume contained in institution's standard food containers to estimate fluid intake rather than measuring each liquid. d. Fluids include those foods which are liquid at body temperature e. Total the amount of fluid taken in at the end of each shift and at the end of 24 hours.	Being a Nursing Assistant, pp. 207-210. Use graduates to measure liquid. Show examples of institution's list of container volumes in c.c.'s. Being a Long-Term Care Nursing Assistant, p. 198

Learner Objectives	Content	Teaching Aids and Approaches
10. Identify what is meant by the terms: force fluids, restrict fluids, and NPO.	4. Variations from the normal amount of fluid intake a. Force fluids: enourage greater intake of oral fluids by offering preferred fluids, offering frequently b. Restrict fluids: limit 24 hour fluid intake to prescribed amount c. NPO: means nothing by mouth	Discuss methods of encouraging fluids Being a Nursing Assistant, pp. 211-212
11. Identify procedure for measuring output	5. Measuring fluid output a. Measure all urine and emesis b. Female resident must void into bedpan or specipan placed in the resident's toilet bowl, then urine is poured into graduate for measuring c. Male resident must void into urinal then urine is poured into graduate for measurement d. At the end of each shift measure urine from a catheter container by emptying the bag into a graduate and then measuring. Care should be taken to maintain the sterility of the drainage system. e. When resident is incontinent, record number of times incontinent f. Record each voiding or emesis g. Amount of output is totaled at the end of each shift and at the end of 24 hours.	Being a Nursing Assistant, pp. 213-215. Being a Long-Term Care Nursing Assistant, pp. 227-228 Use graduate to demonstrate measuring of urine Discuss and demonstrate correct procedure for emptying a urinary catheter bag.

KANSAS ADULT CARE HOME AIDE
PART I SKILLS CHECKLIST

Completion of the skills checklist means that the student is able to do these skills at a beginning level, not that the student is proficient. The individual remains a student or aide trainee until the total 90 hours of the course are completed and the certification examination has been successfully written. For reference, a complete description of skills may be found in the curriculum.

Student's Name: _____

Address: _____

At the completion of the first 40 hours of the curriculum, the student:

		Satisfactory	Unsatisfactory
1.	Demonstrates behavior which enhances communication between aide and the resident. Provides opportunity for resident to express thoughts and feelings; listens carefully to expressed thoughts and feelings; and encourages focus on resident concerns.	☐	☐
2.	Reports to instructor of staff a. information about a resident which could result in resident's harm. b. change in resident's behavior or physical condition.	☐	☐
3.	Positions resident's call signal within reach.	☐	☐
4.	Uses correct body mechanics: uses broad base of support, uses muscles of arms, shoulders and legs rather than back when lifting, holds heavy objects close to body, and avoids twisting body while lifting.	☐	☐
5.	Positions a resident in correct body alignment in bed (moves toward head of bed or turns to side) and in chair.	☐	☐
6.	Transfers a resident safely, using transfer belt and/or assistance from another person when indicated. Locks wheels before transferring: a. from bed to chair, chair to bed. b. wheelchair to other seat (toilet, bath chair) and return. c. using a hydraulic lift (if available).	☐	☐
7.	Assists a resident in walking safely: Observes for dizziness, walks on weak side, has resident wear skid-proof shoes.	☐	☐
8.	Assists a resident in walking with a walker. (Observes for dizziness, has resident wear skid-proof shoes.)	☐	☐
9.	Effectively restrains a resident in chair or bed allowing for continued blood circulation and some resident movement; documents safe use, as appropriate.	☐	☐
10.	Uses correct handwashing technique. Washes hands between contact with resident.	☐	☐
11.	Uses practices which reduce transfer of infection: keeps resident's unit clean, disposes of soiled articles in proper receptacle, cleans equipment such as bathtub & wheelchair.	☐	☐

	Satisfactory	Unsatisfactory
12. Demonstrates practices which help prevent residents from falling:		
a. keeps bed rails up when indicated.	☐	☐
b. keeps bed in low positon when not providing direct care.		
c. wipes up spills immediately.		
d. arranges equipment and furniture to avoid tripping.		
13. Makes an occupied or unoccupied bed:		
a. uses measures to provide for resident comfort (prevents wrinkles and provides toe room)	☐	☐
b. prevents transfer of microorganisms while handling linen.		
14. Provides oral care for resident's mouth and teeth, or dentures.	☐	☐
15. Bathes a resident, using shower, tub, or bed bath while providing for:		
a. resident privacy	☐	☐
b. comfortable water and room temperature		
c. resident safety.		
16. Dresses and undresses resident, encouraging independence.	☐	☐
17. Combs, brushes, or washes hair or beard; takes care not to pull hair; encourages independence.	☐	☐
18. Shaves a resident; cleans electric razor after use.	☐	☐
19. Provides nail care: Soaks nails before cutting, does not injure Perionychial tissue, identifies residents whose nails should be cut only by a specially-trained person.	☐	☐
20. Uses techniques which help prevent decubitus ulcers:		
a. identifies potential sites for decubitus ulcer	☐	☐
b. provides relief from pressure		
c. prevents friction damage to skin		
d. keeps skin clean and dry.		
21. Assists and/or feeds a resident at mealtime. Encourages fluid intake.	☐	☐
22. Accurately measures and records intake and output.	☐	☐
23. Assists a resident with urination and bowel elimination, provides for safety and privacy while using toilet, commode, bedpan, or urinal.	☐	☐
24. Cares for an incontinent resident		
a. checks regularly for incontinence	☐	☐
b. keeps skin clean and dry		
c. uses protective pads on bed or uses protective undergarments.		

Signature of Instructor : _____

Signature of Student : _____

Date : _____

Home or School Where Training was Received : _____

PART II

UNIT 13 WORKING IN AN ADULT CARE CARE

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 0.5 hour
1. List goals of a long-term facility	A. Goals of a long-term care facility 1. Provide a safe environment 2. Maintain and promote health 3. Provide a satisfying social environment	Understanding Aging and Human Needs (AHCA), pp. 103 Being a Long-Term Care Nursing Assistant, pp. 1-3 Check with area nursing homes for the institution's philosophy
2. Identify the types of long-term care facilities in Kansas	B. Types of long term care facilities in Kansas 1. Skilled care 2. Intermediate care 3. Residential	
3. Identify the administrative structure of a long-term care facility	C. Administrative structure 1. Administrator a. Is responsible for the overall operation of the facility b. Is responsible to a governing board and owner(s) 2. Nursing director or health care supervisor a. Licensed nurse who directs resident care staff b. Is responsible to administrator 3. Physician a. Directs all medical care for residents. Orders medications and treatments. b. Is usually "hired" by resident rather than being a staff member of the facility.	Being a Nursing Assistant, pp. 1-4 Use a chart of administrative structure to illustrate lines of responsibility. Show how the structure is used for problem-solving. May show copy of current regulations for nursing homes. Borrow from administrator or order from: Office of Health Facilities Ks. Dept. of Health and Environment Forbes Field Topeka, Ks., 66620

UNIT 14 BASIC EMOTIONAL NEEDS

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 1.0 hours
1. Identify basic emotional needs which are common to all humans	A. Basic Psychosocial Needs 1. Independence 2. Supportive environment 3. Social interaction 4. Recognition as an individual 5. Spiritual fulfillment	Understanding Aging and Human Needs An Advanced Nurse Aide Manual American Health Care Assn. pp. 5-12 Being a Long-Term Care Nursing Assistant, pp. 55-59, 66-68 Different sources will use varying terms to describe emotional needs.
2. Discuss ways in which basic emotional needs may be met for the resident of a long term care facility. Specifically relate the aide's role in meeting needs.	B. Meeting emotional needs of the resident in a long term care facility 1. Independence a. Encourage decision-making in areas about which there can be a choice: foods when there is a selection, activities, when to do activities of daily living b. Encourage resident to be in control of his own body: self-care as is possible, choice of clothing 2. Need for supportive environment a. Supportive physical environment: proper medical and dental care; safe, comfortable clothing; room and halls free of accident-causing situations; protection from harm from self or others b. Supportive emotional environment: Staff treats resident with respect, acceptance, patience 3. Need for social interaction a. Encourage contact between residents and persons outside facility b. Encourage interaction among residents 4. Need for recognition as an individual a. Be respectful of each resident and allow for privacy as is possible b. Encourage self-expression: in crafts, listening to their stories, recognizing past accomplishments 5. Spiritual needs a. Encourage and help resident to participate in religious observances b. Encourage and facilitate visits by clergy c. Respect individual beliefs: don't impose your own on residents	It is suggested that this content be presented toward the beginning of the course. It should then be incorporated and reinforced in subsequent units. Invite an activities director from a long term care facility to speak about activities which meet basic emotional needs

UNIT 15 POSSIBLE LOSSES DUE TO AGING

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 1.5 hours
1. Identify losses, both physical and psychosocial, which may accompany aging	A. Losses which may accompany aging 1. Job 2. Loved one 3. Money and property 4. Physical losses - declining senses loss of mobility, etc. due to disease 5. Speech skills 6. Mobility, balance 7. Decline in health 8. Loss of physical attractiveness	Being a Long-Term Care Nursing Assistant, pp. 59-62 See Unit 19 - Physical Changes Associated With Aging.
2. Identify some of the aspects of independent living a person loses when he takes up residence in a long term care facility	B. Losses when entering a long term care facility 1. Space 2. Cooking, housekeeping 3. Vehicle 4. Contact with friends outside the facility 5. Pets	
3. Identify ways in which the nurse aide may help ease the impact of losses for the resident entering a long term care facility.	C. Ways staff can ease the losses suffered by resident when entering a long term care facility. a. Provide privacy b. Encourage personal choices in room decoration, clothes, use of time	
4. Identify positive ways an older person may deal with losses.	D. Even though an older person may experience numerous losses, usually the person has enough reserve strengths to endure them and maintain a sense of equilibrium.	

UNIT 16 CARING FOR THE CONFUSED OR WITHDRAWN RESIDENT

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 5 hours
1. Identify behavior which indicates a resident is confused.	A. Confusion 1. Symptoms of confusion a. Not knowing self or others b. Talk incoherently c. Forgetful d. Not paying attention or understanding when someone else is speaking e. Sleep disorders f. Hallucinate, visual and auditory g. Wander about, not oriented to place h. Hostile, combative	Understanding Aging and Human Needs, pp. 49-54 Filmstrip series: Trainex: Start At Confusion Turn Toward Identity Keep Going Straight Stay in Control Point the Way This series deals with causes of confusion and reality orientation.
2. Identify psychosocial implications of confusion for the resident (how the person feels and interacts with others)	2. Psychosocial implications of confusion: person may a. Be frightened, unhappy, bewildered b. Be unaware of environment; thus not sense danger c. Have reduced intellectual and emotional contact with others d. Have less self-expression e. Have less independence f. Feel insecure	Being a Long-Term Care Nursing Assistant, pp. 232-234
3. Identify some of the possible causes of confusion	3. Possible causes of confusion a. Medical problems including: 1. Chronic disease which is not controlled, such as heart, liver, kidney, lung problems 2. Stresses such as surgery or injury 3. Degenerative brain conditions i.e. Alzheimer's Disease, arteriosclerosis b. Poor nutrition c. Medication 1. Older people may tolerate drugs less well 2. Combination of drugs may cause confusion d. Social isolation: People who are socially isolated receive no information about time, place, person, which can cause or reinforce confusion e. Few sensory stimuli, due to sensory impairment f. Change in usual environment - i.e. loss of mate, move to a nursing home, change of time at which they receive a bath g. Response to low expectations of staff and family: conveying to resident that his confusion is hopeless and that he cannot be expected to act appropriately	

Learner Objectives	Content	Teaching Aids and Approaches
4. Identify ways in which some of the causes of confusion may be minimized	4. Elimination of some causes of confusion - confusion may be reduced through efforts of family, physicians and staff in the following ways: a. Treatment of medical condition b. Improving nutrition c. Change in medications prescribed d. Encouraging socialization e. Encouraging sensory stimulation g. Encourage non-confused behavior	
5. Identify behaviors which may be seen in the person who is withdrawn	B. Withdrawal 1. Symptoms of withdrawal a. Physically pulling away from situations or people which are anxiety-producing b. Psychologically losing interest in the environment because it is anxiety-producing	The Nursing Process in Later Maturity, p. 577
6. Identify some causes of withdrawn behavior	2. Causes of withdrawal include a. Losses, including sight and hearing b. Depression c. Mental illness d. Confusion	
7. Discuss Reality Orientation as a therapy for confused and withdrawn people	C. Therapies for confusion and withdrawal 1. Reality Orientation (R.O.) a. Purpose: to maintain reality contact and halt or reverse confusion or withdrawal b. Technique 1. Consistent, constant 24 hour repetition of information about person, place, time, expectations 2. Aids such as calendars, clocks, information boards can be used 3. Reality orientation class seminars for groups: a. Small group meets for 30 minutes with a trained leader b. Information given and asked for from participants: person, place, time, season, meals, identify simple pictures	Understanding Aging and Human Needs, pp. 31-32 The Nursing Process in Later Maturity, p. 104
8. Identify appropriate responses to combative behavior	4. Responses to combativeness a. Use non threatening approach - threatening only accentuates the confused resident's feeling of fear b. Give recognition to feelings behind behavior c. Tell resident that combativeness is appropriate d. Reinforce reality by showing/telling resident what is appropriate behavior	Check local adult care homes concerning policies for dealing with a resident who wanders.

Learner Objectives	Content	Teaching Aids and Approaches
9. Discuss the use of Remotivation Groups in helping people who are confused and/or withdrawn	2. Remotivation Groups a. Purpose: prevent withdrawal, increase interest in reality, stimulate thinking b. Technique: 1. Structured group session with 3-6 participants meeting with trained leader for about ½ to 1 hour 2. Session is structured around discussion of a specific topic, and also includes accepting each person into the group and expressing appreciation for each person's contribution to the session 3. For more detailed explanation and model of a class session refer to a textbook (Understanding Aging and Human Needs)	Understanding Aging and Human Needs, pp. 52-54
10. Discuss the use of Reminiscing Groups in helping the confused or withdrawn resident	3. Reminiscing Groups a. Purpose: To allow participants to review life through sharing feelings about the past, promoting feeling of worth and reducing isolation b. Technique 1. Group session, assisted by a leader, in which participants are encouraged to reminisce 2. Sessions may be structured or not, formal or informal, planned or spontaneous	The Nursing Process in Later Maturity, pp. 110-111 Describe process of Reminiscing Groups

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UNIT 17 SEXUALITY IN AGING

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 1 hour
1. Identify some of the physical changes which may affect sexuality in the aging person	1. Physical changes in the elderly which may affect sexual function a. Factors inhibiting sexual function Diabetes Cancer of colon Depression Alcoholism Tranquilizers, anti-hypertensives Stroke b. Normal physical changes 1. Male: decreased male hormone decreased sperm 2. Female: vagina decreases in size and stretchability breasts become less elastic and less firm lack of ovulation and female hormones	Understanding Aging and Human Needs An Advanced Nurse Aide Manual, pp. 67-69
2. Discuss some of the social aspects of sexual function in the elderly	2. Social aspects of sexuality in the aging a. Sexuality fulfills strong needs for elderly in close relationship to another, relief b. Sexuality is part of a person's individuality i.e. feminity or masculinity c. There is continued need among the elderly for respect and privacy in sexual matters d. Individuals should be protected from unwanted advances, of others, and from embarrassing themselves, if confused e. Masturbation: Allow privacy and don't interfere with this. However, if it occurs in public, it should be managed in a sensitive way to prevent offending others and degrading the individual	The text Understanding Aging and Human Needs has a sensitive and helpful discussion of staff approaches in a situation of self-stimulation.

UNIT 18 CARING FOR THE DYING RESIDENT

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 3 hours
1. Identify what are some of American society's attitudes about death, how these have changed and are changing from attitudes in the past	A. Society's attitudes about death, past-present 1. Prior to the twentieth century death was familiar and near. People usually died at home, with loved ones close. 2. In the twentieth century death has become frightening, distant a. Care of dying by strangers in health institutions b. People avoid discussion of death c. There is presently increased education about dying for health care workers, but this area is still not emphasized in some institutions 3. Each individual's attitude about his own death is influenced by his age, cultural background, past experience.	The first objective helps set the stage for why one studies about death and dying, touching on historical and social perspectives. This content may be best handled by conducting class as a group discussion, encouraging exchange of attitudes and experiences, rather than as a lecture. Perhaps invite a guest to speak to the class who is experienced in dealing with or leading discussions concerning death and dying.
2. Identify the 5 stages of reaction to approaching death as described by Kubler-Ross. For each, identify behaviors the dying person might demonstrate.	B. Stages of reaction to dying 1. Denial - denying that death will occur a. Behaviors: 1. Unrealistically cheerful 2. Ask lots of questions 3. Disregard medical orders b. Aide's response to this behavior: 1. Listen, be accepting 2. Do not probe 2. Anger - anger that this is happening to me, and anger at others because it is not happening to them a. Behaviors: 1. Complaining 2. Unreasonable requests 3. Anger at family, doctor, nursing staff b. Aide's response to behavior: 1. Listen 2. Remain open and calm 3. Don't try to place blame 3. Bargaining - trying to make an agreement for postponing death a. Behaviors: 1. May be difficult to observe this stage 2. Person vacillates between doubt and hope b. Aide's response to behaviors: 1. Listen; do not contradict plans 2. Promote a sense of hope	Understanding Aging and Human Needs, (AHCA) pp. 59-61

Learner Objectives	Content	Teaching Aids and Approaches
	4. Depression - reality of death is unavoidable; is a reaction to getting sicker and is grieving for the losses he will experience a. Behaviors: 1. Turn face away from people 2. Not speak, or speak in expressionless voice 3. Separating self from the world b. Aide's response to behaviors: 1. Stay with the person as much as is possible 2. Avoid cheery phrases and behavior 3. Encourage the person to express feelings	
	5. Acceptance - realizes that death is inevitable a. Behaviors: 1. May be serenely, calmly accepting 2. May be apathetic 3. Behavior at this stage may depend on how well former stages are resolved; pain, alertness 4. Some people may not reach acceptance b. Aide's response to behavior: 1. Listen, show acceptance	
	6. Progression through 5 stages a. The dying person may fluctuate back and forth between these 5 stages or may not move through the stages in orderly sequence. b. Difficulty in dealing with one's own death may be demonstrated by excess of any of the behaviors mentioned (excluding acceptance).	
3. Identify how approaching death affects the needs of the person.	C. Emotional needs of the dying person 1. Increased need for: Social interaction Self-expression Control over one's life Privacy Spiritual support Empathy, understanding Respect	The purpose of this objective is to draw together discussion of the total emotional needs for the dying person - in addition to those mentioned in the 5 stages.
4. Describe responses by the aide to emotional needs of the dying resident	2. Responses of the aide to emotional needs of the dying (in addition to those mentioned previously): a. Allow the person to express his feelings b. Allow the resident as much control over his situation as possible c. Respect needs for privacy d. Allow for spiritual support as needed	

Learner Objectives	Content	Teaching Aids and Approaches
5. Identify emotions which may be experienced in response to the death of others	D. Responses to the death of others 1. Grief 2. Fear 3. Anger 4. Guilt	Relate these emotions to experiences of death in students' families. Also encourage discussion of how students have felt or anticipate feeling about death of residents they are close to.
6. Discuss the importance of and ways to acknowledge the death of a resident in an adult care home	E. Acknowledge death of a resident within the nursing home 1. This helps reassure residents that a person is not forgetten when he dies 2. This allows staff and residents to grieve 3. May have memorial service, display photo of the person	
7. Identify physical signs of approaching death	F. Physical signs of approaching death 1. Blood circulation slows, causing cold feet and hands, pale skin. 2. Reduced or absent eye movement, failing eyesight 3. Perspiration, even though the body is cold 4. Loss of muscle tone: body limp, jaw may drop open, loss of control of feces and urine 5. Respirations slower and difficult 6. "Rattling" respirations due to mucous collecting in throat and bronchial tubes 7. Pulse weak, rapid, irregular 8. Often there is not great pain. Poor blood circulation to brain reduces perception of pain 9. Hearing is one of the last senses to fail	Being a Nursing Assistant, pp. 419-427.
8. Identify care measures which the aide should provide for the dying resident	G. Physical care of the dying resident 1. Physical care to meet the resident's needs continues to the person's death 2. Provide for keeping resident warm 3. Keep room well-lighted since vision diminishes	Being a Nursing Assistant, p. 422

Learner Objectives	Content	Teaching Aids and Approaches
	4. Provide for skin cleanliness due to perspiration and perhaps incontinence	
	5. Change position to prevent skin breakdown	
	6. Give special attention to mouth care and take measures to moisten mouth to promote comfort	
	7. Speak to the person in a normal voice. Assume that he can hear you even if he appears unconscious, and speak accordingly.	
	8. Provide for spiritual support, respecting the resident's personal wishes and not imposing one's own beliefs on him	
	9. Communicate through touch if the person appears unconscious	
9. Identify the meaning for the term "post mortem care" and the steps involved in providing post mortem care	G. Post mortem care 1. Meaning: Caring for the body of the deceased	
	2. When a person dies, his physician is called to certify the death	
	3. The purpose for much of the post mortem care which is done is to prepare the body for viewing at the funeral. How much is done by nursing home personnel depends on the local situation. If mortuary personnel pick up the body soon after death, care provided by the nursing home may consist of only: a. Place body in supine position b. Remove tubes, replace soiled dressings c. Account for what is done with or to whom personal effects are given	Check with local mortician(s) to determine usual practice for nursing home personnel in providing post mortem care
	4. If there is a delay of several hours before the body is taken to the mortuary, further care given may include: a. Bathing body b. Closing eyes, mouth c. Placing body in a position of rest, taking care not to put pressure on skin which may cause a bruised appearance.	

UNIT 19 PHYSICAL CHANGES ACCOMPANYING AGING

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 8 hours
		Since this information is very concentrated and technical for beginning students, you may want to divide the content and spread it throughout the course. (For example, teach gastrointestinal changes with units on nutrition and elimination)
1. Describe how the aide/orderly might observe that a resident had impaired vision	A. Visual changes 1. Warning signs of vision problems a. More trouble with coordination, reaches for things inaccurately b. Squints when looking at people and objects c. Chooses odd color combinations in clothing or crafts d. Hesitancy in walking	Understanding Aging and Human Needs, pp. 23-48 Discuss structure and function of body systems to an extent appropriate for your students
2. Describe changes in vision which accompany aging	2. Specific visual changes a. Reduced ability to focus rapidly b. Decreased sharpness of vision c. Loss of peripheral vision d. Reduced ability to accomodate to darkness e. Possible impairment of color vision from cataracts f. Sensitivity to glare	Being a Long-Term Care Nursing Assistant, pp. 111-118
3. Names diseases which may cause visual impairment	3. Diseases causing visual impairment a. Cataract b. Glaucoma c. Blood vessel changes damaging retina from diabetes, hypertension d. Stroke - may remove part of field of vision	Describe these conditions in appropriate detail for your students
4. List ways to change the environment to encourage independence and promote safety	4. Environmental changes to aid the resident with reduced vision a. Place furniture or other objects where resident can see; keep in same place each day b. Keep surroundings uncluttered c. Good lighting d. Large print on signs e. Provide help for activities requiring acute vision	A resource which gives numerous activities to help students appreciate the physical changes of aging is: Sensitizing People to the Processes of Aging: The In-Service Educator's Guide Order from: Center for Studies on Aging The School of Community Service North Texas State University Denton, Texas 76203

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Learner Objectives	Content	Teaching Aids and Approaches
5. Identify warning signs of hearing impairment	B. Hearing changes 1. Warning signs a. Speaks louder than necessary b. Asks for words to be repeated c. Doesn't react to sound out of visual field d. Irritable in situation where good hearing is necessary e. May seem confused or withdrawn	
6. Describe changes in hearing which may accompany aging	2. Specific hearing changes a. Reduced ability to hear to high-pitched sounds b. Reduced acuity	
7. List ways to modify communication to a person with a hearing loss	3. Ways to modify communication to aid resident a. Speak clearly, slowly, facing the resident b. Use body language, touch c. Turn off background noise	
8. Discuss the use of hearing aids	4. Assisting the resident with a hearing aid a. Help him wear the device routinely b. Check routinely to make sure it is functioning	Contact a hearing aid sales and service representative to help you in teaching this area
9. List nursing actions to help prevent injury to the resident with impaired touch	C. Loss of sense of touch (e.g. from paralysis, edema) 1. Nursing actions to help prevent injury a. Check for potentially harmful situations (heat, sharp objects) b. If resident is unable to sense or move part of body, check and change positioning to prevent pressure injury	
10. Describe changes in behavior which may follow loss of the senses of taste and smell	D. Loss of senses of taste and smell 1. Warning signs a. Diminished appetite b. May complain that food is tasteless; May add more sugar, salt or pepper c. Unaware of increased body odor with smell loss	
11. List ways to aid the resident who has losses of taste and smell	2. Ways to aid the resident a. Encourage good oral hygiene b. The dietitian or food service director may provide foods of a variety of tastes and textures c. Supervise cleanliness	
12. Describe the changes of aging which may affect the heart and blood vessels	E. Cardiovascular changes 1. Specific changes a. Heart may pump less blood b. Heart doesn't respond to stress, cannot accommodate to increased need c. Arteries lose elasticity d. Blood pressure may increase or e. Blood flow to brain and other vital organs may be decreased	Discuss the structure and function of the cardiovascular system in detail appropriate for your students Being a Long-Term Care Nursing Assistant, pp. 258-271

Learner Objectives	Content	Teaching Aids and Approaches
13. Identify descriptions of common cardiovascular diseases	2. Cardiovascular diseases a. Arteriosclerosis - walls of arteries become more rigid, less elastic. Decreases blood supply to tissue. Atherosclerosis - fatty deposits within artery walls, arteries become narrowed b. Congestive heart failure (CHF) - Heart does not pump enough blood to adequately supply tissue and can't keep up with the returned flow. Symptoms result from backed-up fluid. c. Myocardial infarction (MI) or heart attack - Death of a portion of the heart muscle, resulting from blockage of blood supply to that part of the heart. Angina (chest pain) may be a symptom d. Hypertension or high blood pressure - Increase of pressure against walls of arteries	Ask the students to identify residents who have had these disorders
14. Identify changes the resident may experience as a result of cardiovascular diseases	3. Consequences of cardiovascular changes a. While adequate exercise is necessary for good cardiovascular function residents with these diseases may not be able to tolerate great amounts of activity b. Dietary changes may include decreasing salt or sodium intake c. Dizziness from postural hypotension	You may wish to cover this content with each cardiovascular disorder See Unit 26, D. 3
15. Describe how the changes of aging affect respiratory function	F. Respiratory changes 1. Specific changes make it harder for resident to breathe a. Reduced rib mobility b. Less elasticity of lung tissue	Add a brief discussion of respiratory structure and function Being a Long-Term Care Nursing Assistant, pp. 272-280
16. Describe the result of common chronic respiratory diseases 17. Identify names of common respiratory diseases of aging 18. Identify nursing measures to aid the resident with shortness of breath	2. Respiratory diseases a. Several conditions may occur singly or in combination. The result of these diseases is that air cannot get to all parts of the lungs and breathing becomes difficult. b. Chronic Obstructive Pulmonary Disease (COPD) is a broad classification which may include several diseases, such as asthma, chronic bronchitis, and emphysema c. Nursing care for the resident with shortness of breath 1. Position comfortably, usually somewhat upright 2. Alternate activity and rest 3. Encourage participation in appropriate activities	
19. Describe how the changes of aging may affect gastrointestinal function	G. Gastrointestinal changes 1. Specific changes and resulting problems a. Teeth may be worn down or missing, causing poor food intake b. Decreased motility of stomach and intestine -- constipation, flatulence c. Decreased digestive secretions -- flatulence, impaired digestion	This content may be included with this unit or with the units on nutrition and elimination Add a discussion of gastrointestinal structure and elimination

Learner Objectives	Content	Teaching Aids and Approaches
	d. Fewer specialized intestinal cells to absorb food -- malnutrition from inadequate absorption e. Possible loss of sphincter control -- fecal incontinence	You may choose to add information about gastrointestinal disorders, e.g. hernia, ulcer, vomiting and diarrhea
20. Describe the special care the aide/orderly might give a resident with a digestive disorder	2. Special care for a resident with a digestive disorder a. Special diet b. Food in special form c. Supplemental feedings	
21. Identify the body change which causes diabetes	H. Endocrine change -- Diabetes 1. Cause - Pancreas produces inadequate amount of insulin for body need. The body cannot use sugars or other food products efficiently.	Content could also be taught with unit on nutrition Being a Long-Term Care Nursing Assistant, pp. 281-291
22. Describe how diabetes is treated	2. Treatment of diabetes is a balance of medication to supply insulin, activity, and diet. a. Medication Insulin given by injection Oral medication to stimulate body's production b. Activity - increased activity decreases insulin requirement c. Diet - amount of calorie intake is controlled	Discussion of urine testing may be included here, if you desire, or with specimen collection Diabetic diet is discussed in Nutrition unit
23. Name complications which may occur with diabetes	3. Complications a. Diabetic acidosis - (diabetic coma) - inadequate insulin for body need. Describe symptoms. b. Hypoglycemia (insulin shock) - too much insulin for body need. Describe symptoms. c. Blood vessel changes possibly resulting in damaged vision and poor circulation to kidneys, toes, feet, etc.	Discuss appropriate nursing precautions Add common symptoms of diabetic acidosis and hypoglycemia.
24. Identify descriptions of reproductive system disorders	I. Reproductive system disorders 1. Vaginitis - Inflammation/infection of vaginal lining which causes foul-smelling drainage and irritation 2. Prolapsed uterus - Weakening of supporting tissues allows uterus to sag downward. 3. Benign prostatic hypertrophy - Enlargement of prostate gland which may impair outflow of urine. Causes hesitancy in beginning urine flow, reduction of size and force of stream	Include normal structure and function Being a Long-Term Care Nursing Assistant, pp. 292-296
25. Describe changes of aging which may affect urinary function.	J. Urinary system changes 1. Specific changes a. Fewer cells in kidney and decreased blood flow, causing less efficient waste removal b. Bladder becomes less elastic, holds less volume, may not empty completely c. Sphincters less effective, allowing incontinence	Add normal structure and function Being a Long-Term Care Nursing Assistant, pp. 220-223

Learner Objectives	Content	Teaching Aids and Approaches
26. Discuss how the aide/orderly can help promote good kidney function	2. Nursing measures a. Encourage liquid intake b. Assist to bathroom frequently	
27. Describe changes of aging which affect the musculoskeletal system	K. Musculoskeletal system changes 1. Specific changes a. Osteoporosis - Minerals leave bone which becomes more brittle b. Decrease in amount of muscle tissue c. Damage to joints which limits mobility	Being a Long-Term Care Nursing Assistant, pp. 148-151, 167-169, 268
28. Identify descriptions of common musculoskeletal disorders	2. Musculoskeletal diseases or problems a. Rheumatoid arthritis - disease of joints in which the membrane covering joints becomes inflamed. Bony tissue forms and joints become deformed. b. Osteoarthritis - disease of joints caused by normal wear and tear. Joint surface is damaged and bony tissue grows in the area c. Fractures - broken bones more likely because of osteoporosis, impaired vision, poor balance. Common sites include hip, wrist, and compression fractures of spine d. Amputation - surgical removal of part of the extremity. May be due to blood vessel complications of arteriosclerosis or diabetes and poor healing	Ask students to identify residents with these disorders
29. List measures to assist the resident	3. Measures to assist the resident a. Encourage as much activity as possible within the limits of disabilities b. Prevent falls and injury to feet and toes c. Encourage a nutritious diet	
30. Describe the changes of aging which may affect the nervous system	L. Nervous system changes 1. Specific changes a. Poorer communication of nerve cells because of possible death of cells and poor conduction of impulses b. Decreased blood flow as a complication of heart and blood vessel disease causes impaired nutrition to brain cells and impaired function: slowed reaction time, impaired memory, etc.	Being a Long-Term Care Nursing Assistant, pp. 247-253
31. Identify descriptions of common nervous system disorders	2. Common nervous system disorders a. Cerebrovascular disorder (CVA) or stroke - destruction of brain tissue from loss of O_2 and nutrients as a result of hemorrhage or blood vessel obstruction. Loss of function depends on brain area damaged.	Disorders causing confusion are covered in the unit on Confusion and Withdrawal

Learner Objectives	Content	Teaching Aids and Approaches
	b. Parkinson's disease - chronic progressive, degenerative disease producing muscle problems such as tremors and muscular rigidity. Ability to think is not impaired c. Multiple sclerosis - progressive damage to covering of nerves of brain and spinal cord resulting in gradual paralysis. Ability to think is not impaired. d. Epilepsy - brain malfunction which may result in seizures or convulsions	
32. Discuss nursing measures which may help the resident who have nervous system disorders	3. Nursing measures a. Provide for safety for residents with impairment such as slowed reaction time or unsteady movement b. Encourage as much activity as possible c. Prevent injury to paralyzed parts	May discuss rehabilitation measures for these conditions

UNIT 20 COMPLICATIONS OF IMMOBILITY AND THEIR PREVENTION

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 2 hours (More time if available)
1. Identify negative effects on immobility on the body	A. Negative effects of immobility 1. Skin: decubitus ulcers 2. Muscles: atrophy 3. Joints: contractures 4. Bones: lose calcium, become brittle and weak 5. Kidneys: calcium stones 6. Bladder: stagnant urine predisposes to infection 7. Bowel function: constipation 8. Lungs: stagnant fluid predisposes to infection (pneumonia) 9. Blood circulation: sluggish, clots	Being a Long-Term Care Nursing Assistant, pp. 222, 276 Elaborate on negative effects to depth you feel is appropriate.
2 Describe the signs and symptoms of a decubitus ulcer. Identify locations which are prone to ulcer formation.	B. Special skin care - decubitus ulcers 1. Signs and symptoms of decubitus ulcers (bed sores or pressure sores.) a. The resident's skin will be: 1. Reddened 2. Warm 3. Tender 4. Painful 5. Have feeling of burning b. When the skin is broken, a bedsore has formed. Damage may have occurred in underlying tissue before the skin breaks. c. Places to check on the body for a bedsore are the bony prominences, such as: 1. Shoulder blades 2. Elbows 3. Knees 4. Heels 5. Ankles 6. Backbone	Being a Long-Term Care Nursing Assistant, pp. 121-126 Nursing Skills for Allied Health Services, by Wood, pp. 444-451. Being a Nursing Assistant, pp. 365-368.

Learner Objectives	Content	Teaching Aids and Approaches
	d. Older people are more prone to the development of bedsores. 1. Their skin is very easily damaged. 2. They may not have an adequate amount of tissue padding over their bones. 3. They need to be reminded to turn and encouraged to be up in the chair as often as possible. e. Obese people tend to get decubitus formation on areas where their body parts rub together. Places to check for formation of bedsores are the folds of the body where skin touches skin.	
3. Discuss how to prevent decubitus ulcers.	2. Prevention a. Once a bedsore has formed, it is very hard to heal. b. Prevention is the responsibility of everyone involved in the resident's care. c. Prevention involves removing causes: 1. Pressure- Turn the resident often. Change his position at least every two hours. - Don't leave a resident on a bedpan for a long time. - Keep bed linens or resident's clothing free from wrinkles under his body. 2. Shearing - Lift, rather than slide, resident when positioning in bed or chair. 3. Irritation - Keep resident's skin clean and dry. - Keep linen and clothing clean and dry. - Check incontinent residents frequently. Clean up urine or feces immediately. - Use powder in skin folds of obese people. Clean this off daily. 4. Poor circulation - Massage the bony prominences with lotion each time you turn a resident.	
4. Identify devices used to prevent pressure.	d. Devices used in preventing pressure 1. Sheep skin pads for back, elbows and heels 2. Flotation pad 3. Water bed 4. Alternating air mattress 5. Air cushions 6. Sponge rubber bed cushions	Show examples of these devices and explain how they are used. Add other examples as they are available.

Learner Objectives	Content	Teaching Aids and Approaches
5. Discuss methods of treatment.	3. Treatment a. The most basic effort in treatment is to remove the cause for the skin breakdown. Frequent conscientious care is mandatory. b. The resident should have adequate nutrition so that his body can repair the injury. c. Medications may be ordered by the physician and applied by the licensed nurse or medication aide to help speed up healing. d. Treatments such as use of a heat lamp or whirlpool baths may also be ordered.	Emphasize the need for 24-hour care and concern as well as the value of basic nursing care in healing decubitus ulcers. Describe in as much detail as you feel appropriate. See Unit 21, Applying Heat and Cold.
6. For range of motion exercise, identify the purpose, safety precautions, who may assist a resident	C. Range of Motion 1. Definition: Exercising all joints through their full motion, to prevent contractures, atrophy. 2. Safety factors a. NEVER force a joint to move, only exercise the joint to the point of pain. b. Physical therapists do range of motion exercise, but other people (such as aides and family members) who have been taught this procedure may do it also	Being a Long-Term Care Nursing Assistant, pp. 169-177 Being a Nursing Assistant, Chapter 6 pp. 143-151 Trainex filmstrip: "Range of Motion Exercises to Prevent Contractures."
7. Identify the difference between active and passive ROM and situations where each are appropriate	3. Difference between active and passive ROM a. Active ROM is when the resident can exercise his/her own joints. b. Passive ROM is when the nursing staff and/or physical therapist exercises the resident's joints for him. People who have suffered a stroke and have subsequent paralysis of certain extremities have passive ROM performed on a regular basis. c. Active and passive ROM can be done on the same resident. Always encourage the resident to do the exercises on his own, if possible.	

Learner Objectives	Content	Teaching Aids and Approaches
8. Demonstrate the ability to assist with active and to do passive ROM exercises for all joints	4. Demonstrate procedure for doing ROM exercises for: a. Neck b. Shoulder c. Elbow d. Wrist e. Fingers f. Hip g. Knee h. Ankle i. Toes	Demonstration/return demonstration Trainex Filmstrip: "Range of Motion Exercises to Prevent Contractures" How to Be a Nurse's Aide in a Nursing Home, pp. 88-93
9. Identify measures which help prevent complications of immobility	D. Additional measures to prevent complications of immobility 1. Changing position at least every two hours. 2. Exercise. Weight bearing helps prevent loss of calcium. 3. Adequate hydration. 4. Adequate nutrition. 5. Elastic stockings may help venous return of blood from legs. 6. Devices for maintaining position of function: splints, trochanter roll.	Some of these items are repeated in other units. Relate specific measures to specific complications as you feel is appropriate. Demonstrate. Show examples of devices such as elastic stockings. Being a Long-Term Care Nursing Assistant, pp. 267-268

UNIT 21 APPLYING HEAT AND COLD

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 0.3 hour
1. Identify the effect of heat on skin and nearby tissues	A. Applying heat 1. Affect of heat on skin and nearby tissues a. Dilates blood vessels in the area, causing more blood to circulate to tissues nearby 1. Increased blood flow results in more nutrients and oxygen to the tissues which is needed for the repair (healing) of tissues. 2. Increased blood flow may also absorb and carry away excess fluids that cause inflammation and pain in some bone and joint diseases. b. Geriatric resident's skin is very easily damaged. The resident also may be less sensitive to heat or pain making him less able to protect himself.	Being a Long-Term Care Nursing Assistant, pp. 142-147 Being a Nursing Assistant, pp. 315 Nursing Skills for Allied Health Services, pp. 573-590 Being a Nurse's Aide in a Nursing Home, pp. 63-64
2. Discuss how to safely use devices to apply heat	2. Examples a. Warm soaks or compresses b. Warm water bottle c. Electric heating pad d. Aquamatic K pad e. Heat lamp	Demonstrate use of equipment.
	3. Safety measures a. Temperature should be set on "Low" or at about 105°. Residents should not adjust temperature. b. Heat lamp should be positioned 12-18" from skin c. Heating bottle or pads should be covered with a cloth to avoid direct contact with skin d. Electrical equipment should not come in contact with water. e. Skin should be checked at frequent intervals during heat application. 1. Remove application at once if skin appears too red or darkened red 2. Notify supervisor of any abnormality immediately f. Do not let the resident lie on the heating source, since the heat may become too intense	Get a bath thermometer and have students estimate and check water temperature.
3. Identify the effect of cold on skin and nearby tissues	B. Applying cold 1. Effect of cold on skin and nearby tissues a. Constricts blood vessels in area, slowing blood flow 1. Prevents or reduces swelling 2. Relieves pain which may accompany swelling b. Older people are very sensitive to cold. Their circulation is already decreased due to age changes.	

Learner Objectives	Content	Teaching Aids and Approaches
4. Discuss how to safely apply an ice bag	2. Ice bag a. Bag should be covered with a cloth to avoid direct contact with skin b. Skin should be checked at frequent intervals during cold application 1. Remove application at once if skin appears blanched, very pale, white or bluish. 2. Report to supervisor immediately	Demonstrate how to fill and position bag.

UNIT 22 SLEEP AND REST

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 0.5 hour
1. Discuss factors which influence the resident's sleep	A. Factors influencing sleep 1. The total amount of sleep needed remains the same through the adult period a. Older people require longer to go to sleep b. Older people may have more irregular sleep patterns c. Older people are less able to tolerate sleep deprivation than younger people 2. If the resident has meaningful physical activity during the day he will more likely be ready for sleep at night	"The Rhythm of Sleep" AJN, March, 1980, pp. 457-461
2. Identify actions the aide may take to help the resident sleep	B. Nursing measures which aid sleep 1. Environmental comfort - Adjust temperature, ventilation, lighting according to resident needs 2. Resident comfort - Position comfortably in bed, tighten sheets, give back rub 3. Follow a pattern of bedtime activity. Establish a routine	

UNIT 23 NUTRITION AND FLUID NEEDS

Learner Objectives	Content	Teaching Aids and Approaches Suggested classroom time: 3 hours
1. Identify the function of parts of the digestive system.	A. Structure and function of the digestive system 1. Mouth, teeth and tongue - Food is chewed and mixed with saliva. Changes in dentition and muscle control may modify this function. 2. Esophagus carries food from the throat to the stomach. 3. Stomach mixes food with gastric juice to begin chemical breakdown and empties food material gradually into intestine. 4. Small intestine - Most of digestion and absorption of of usable material occurs here. Contents of both small and large intestines are moved by a rhythmic, wavelike contraction of the intestine called peristalsis 5. Large intestine - Water is reabsorbed into the body as food residue passes through. The material which the body cannot use (feces) is expelled from the rectum through the anus. Bacteria in the large intestine assist in the decomposition of food residue.	Being a Long-Term Care Nursing Assistant, pp. 188-190, 197, 200-209 Being a Nursing Assistant, pp. 57-60, 187-203 Understanding Aging and Human Needs, pp. 37-41 How to be a Nurse's Aide in a nursing Home, pp. 19-23. Explain digestion and absorption in lay terms. You may include digestive functions for the liver, gall bladder, and pancreas as you feel it is appropriate.
2. Discuss factors which affect the nutritional state of the elderly	B. Factors which affect the nutritional state of the elderly 1. Worn or missing teeth or ill-fitting dentures 2. Loss of muscle control over part of mouth and throat as the result of a stroke. 3. Diminished hand and arm muscle strength or control from paralysis or tremor. 4. Diminished senses of smell, taste, and vision 5. Possible decreased activity resulting in a decreased requirement for calories 6. Other factors: See Physical Changes Unit 19, D and G.	You may choose to discuss this section at the same time as structure and function.
3. Identify the responsibility of dietary in providing for the resident's nutrition	C. Responsibilities of dietary in providing for the resident's nutrition 1. It is the responsibility of the dietary or food service department to plan the meals for all residents a. The diet should be balanced, have adequate nutrients to meet the resident's needs b. The food should be prepared and presented in a form which the resident can manage. (Food service workers can better maintain the cleanliness of food by cutting meat, buttering bread, etc., before the meal comes to the resident who needs assistance. The aide might need to wash his/her hands after helping each resident if handling the food is necessary.)	Reinforce need for handwashing to maintain cleanliness.

Learner Objectives	Content	Teaching Aids and Approaches
	c. The food should be presented in a manner which is visually appealing.	
4. Identify the role of the aide in promoting good nutrition for the resident	D. Role of aide in promoting good nutrition 1. The aide should encourage the resident to eat a variety of foods presented at mealtime. The resident's food is prepared under the guidance of the food service director and is planned to be a balanced diet.	Since the aide plays no part in planning meals, specific discussion of nutrients and Basic Four food groups has not been included in this curriculum. You may add some of this information if you feel it would be helpful to the aide in improving his/her own nutritional status.
	2. A resident who is consistently unable to eat his/her prepared diet should be identified to the food service director or dietitian so that the diet can be modified to meet his/her needs.	
	3. The aide should help the resident have adequate fluid intake	Review actions to promote hydration.
5. Identify how modified diets differ from a regular diet. Identify the physical problem	E. Modified diets 1. Low sodium and salt restricted a. Contains limited amounts of food containing sodium (Na) and salt. No salt used in cooking. No salt at table or on tray. Salt substitutes may be used by some residents. b. Used for residents with fluid retention, heart or kidney disease.	Some dietary departments prepare all food without added salt.
	2. Diabetic a. Contains a balance of carbohydrates, protein, and fat according to individual needs. Designed to be as similar to a regular diet as possible. b. Used for residents with diabetes. Food intake is balanced with insulin need. Residents should eat only food which is part of planned intake and should be encouraged to eat all food served to them	Review the importance of dietary control Explain that specific foods are not forbidden to diabetic residents, but that the total intake must be balanced.
	3. Calorie-restricted a. Contains foods lower in calories b. Used for residents who need to lose weight or who have low energy needs	
	4. Mechanical soft a. Same foods as regular diet, but ground or pureed b. Used for residents with no teeth or difficulty chewing and swallowing food	
	5. Liquid diet a. Contains foods which are liquid at body temperature b. Used for short intervals for a person who has digestive difficulties	Clear liquid and full liquid are terms used in the acute-care setting

Learner Objectives	Content	Teaching Aids and Approaches
	6. Tube feeding a. Balanced nutritional intake in liquid form which is placed in stomach by way of a nasogastric or gastrostomy tube. 1. Giving this feeding is the responsibility of the licensed nurse. 2. Aide should observe the tube while caring for the resident and report anything unusual to the nurse b. Used for residents who are unable to swallow because of unconsciousness or other problems.	
	F. Emergency aid for a choking resident 1. Incidence of choking may be increased in elderly because of: a. Diminished ability to chew and swallow b. Decreased gag reflex	Being a Long-Term Care Nursing Assistant, pp. 24-26
6. State how to identify a choking victim (Complete airway obstruction)	2. How to identify choking victim (complete airway obstruction) a. Cannot speak b. Cannot breathe, gasps for air c. Turns blue d. Collapses if obstruction is not removed	
7. List actions to be taken to give emergency aid to a choking resident. (complete airway obstruction)	3. Action to aid choking resident (complete obstruction) Emergency care must be given quickly since brain damage may begin within four minutes. The emergency action described here is called the abdominal thrust (Red Cross) or Heimlich Maneuver. a. Victim standing or sitting. 1. Stand behind the victim and wrap your arms around victim's waist. 2. Grasp your fist with your other hand and place the fist against the victim's abdomen, slightly above the navel and below the rib cage. 3. Press your fist into the victim's abdomen with a quick upward thrust. 4. Repeat several times if necessary. 5. When the victim is sitting, the rescuer stands behind the victim's chair and performs the maneuver in the same manner. b. Victim lying down. 1. Place victim flat on his/her back. 2. Facing victim, kneel astride his/her hips. 3. With one of your hands on top of the other, place the heel of your bottom hand on the abdomen slightly above the navel and below the rib cage. 4. Press into the victim's abdomen with a quick upward thrust. 5. Repeat several times if necessary.	Have students demonstrate procedure on each other up to the point of exerting pressure on the abdomen. Back blows and finger probes may also be explained.
	4. Notify supervisor that emergency situation requiring use of abdominal thrust or Heimlich Maneuver has occurred.	

UNIT 24 URINARY ELIMINATION

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 3 hours
1. Name, locate on a chart, and identify briefly the function of kidneys, ureters, urethra, bladder	A. Structure and function of urinary system 1. Locate on drawing, give brief description of function for a. Kidneys - filter wastes from blood b. Ureters - carry wastes (urine) from kidneys to bladder c. Bladder - stores urine and expells it d. Urethra - transports urine to outside of body e. Urine and the urinary system are normally sterile - free of any microorganisms	Use charts or diagrams Being a Long-Term Care Nursing Assistant, pp. 220-223 Being a Nursing Assistant, pp. 60-61. Understanding Aging and Human Needs, pp. 40-41.
2. Identify ways in which urinary function may be altered in the aged person	2. Variations in urinary system in the aged a. Kidney less efficient b. Bladder less elastic, has less holding capacity c. Bladder may not completely empty, which can lead to urinary infection d. Muscles which close off urethra weaken, can cause urinary "leaking"	Understanding Aging and Human Needs, p. 41 This is a review of content found in Physical Changes, Unit III, J.
3. Use correctly the terms for urinating and urine	3. Terms: urine, urinate, void	
4. Describe normal and abnormal appearance of urine and abnormal sensation while urinating	4. Urine a. Normal appearance: straw colored, clear. Normal urine contains no bacteria. b. Abnormal appearance: cloudy, dark, red, small amount c. Abnormal sensation: burning, painful, very frequent	
5. Identify general guidelines for collecting specimens	B. Obtaining a urine specimen 1. General guidelines for collecting any specimen (defined as samples of body's secretions or wastes) a. Collect specimen at the correct time b. Right person c. Label specimen correctly 1. Resident's name 2. Room number 3. Time and date specimen was collected 4. What specimen is d. Store specimen correctly e. Wash hands carefully to prevent spread of bacteria before and after obtaining specimen f. Use correct utensils to assist in the aseptic collection of specimens. 1. Tongue blade for stool specimens 2. Syringe for some urine specimens 3. Immediate supervisor will instruct you on institution's individual policies	Supplies needed: Various specimen containers Labels Pencil

Learner Objectives	Content	Teaching Aids and Approaches
6. Identify possible reasons for and procedure for obtaining a routine urine specimen	2. Reasons for collecting a routine urine specimen: a. Tells the physician if any abnormalities are present, e.g. 1. Blood in urine 2. Pus in urine 3. Specific gravity 4. Cells present 5. Amount of minerals present	Being a Nursing Assistant, pp. 217-224. Trainex: "Collecting Urine Specimens."
	3. Procedure a. Resident voids into bedpan, urinal, or specipan - or remove urine from catheter using sterile technique b. Transfer urine into specimen container, label c. Send to lab d. For more specific procedure consult a nursing text	
7. Identify purpose and procedure for collecting a midstream clean-catch urine specimen	4. Collecting a midstream clean-catch urine specimen a. Purpose 1. Used to determine if bacteria is present in the urine. 2. Strict asepsis must be maintained if urine specimen is to be free of contamination. b. Procedure 1. The urinary opening is thoroughly cleansed with a special towelette 2. The resident then begins to urinate a small amount. This urine is discarded. The midstream specimen is then obtained directly in the sterile container. The resident then finishes urinating in the urinal, bedpan or commode 3. Maintain asepsis of urine container. 4. Label urine specimen correctly 5. Send urine immediately to laboratory or store properly. 6. For more specific procedure consult a nursing text.	

Learner Objectives	Content	Teaching Aids and Approaches
8. Identify purpose for which a resident's urine would be tested for glucose and acetone	C. Testing urine for glucose and acetone 1. Purpose: Diabetic residents will need to have urine tests for glucose and acetone done routinely. a. In diabetes, the urine will sometimes have glucose and acetone present. b. The amount of glucose and/or acetone present in the urine is important for the doctor to know, to regulate the resident's diet and medication.	Being a Nursing Assistant, pp. 375-379. Being a Long-Term Care Nursing Assistant, pp. 288-291
	2. Procedure a. Obtain a fresh urine specimen b. Examples of reagents used for the test include 1. Clinitest/Acetest tablets 2. Tes-tape 3. Clinistix 4. Uristix 5. Lab stix	For class demonstration and return demonstration fake "urine" can be prepared using honey and finger nail polish remover (acetone) in water.
9. Demonstrate procedure for testing urine for glucose and acetone and for recording results	c. Follow carefully the directions printed on the label. d. Record results in appropriate place	Show how to record results of testing
10. Recognize the way in which a urinary catheter works	D. Urinary Catheter Care 1. How a urinary catheter works a. The urinary system is sterile, thus a nursing goal when a catheter is placed in the bladder is to avoid introducing any microorganisms via the catheter drainage system b. A common reason for an elderly person to have a urinary catheter is to control incontinence c. The closed drainage system consists of: 1. Catheter: a hollow tube having a small balloon at the end. The balloon is inflated after the catheter is inserted into the bladder to keep it from falling out. 2. Tubing which connects catheter to drainage bag 3. A plastic drainage bag which hangs from bed or chair or is carried with the person 4. Or a drainage bag which straps onto the leg, is less conspicuous and allows more mobility	Show example of catheter, tubing and drainage bag(s). Filmstrip: Trainex "Closed Urinary Drainage System" Being a Long-Term Care Nursing Assistant, pp. 233-237

Learner Objectives	Content	Teaching Aids and Approaches
11. Identify steps which maintain the catheter as a closed drainage system and help prevent urinary infection.	2. Maintaining closed system and prevention of urinary tract infection a. Goal: to prevent microorganisms from entering the body at any point along the drainage system b. Do not disconnect tubing at any point without using sterile technique. Do not allow tubing to drag on floor c. Do not allow old, drained urine to flow back up into bladder (drainage bags are designed to prevent this) d. Catheter should be cleaned at point it enters the body according to the procedure for the local institution(s). e. Urine is emptied from clamp at bottom of bag f. Catheter tubing is usually designed with a specific location for withdrawing a urine specimen via sterile syringe and needle; this prevents having to disconnect the tubing to obtain a urine specimen	Being a Nursing Assistant, p. 248-250. There is some controversy as to whether cleaning the meatus daily with antiseptic is or is not a deterrent to urinary infections. Being a Long-Term Care Nursing Assistant, p. 228
12. Identify measures which will help keep a urinary catheter draining correctly, observations which indicate it is not draining.	3. Maintain continuous drainage of the urinary catheter a. If the catheter does not drain, the bladder becomes distended. This can be harmful b. Observe every few hours to see that urine is flowing into the catheter bag. If not, take steps to discover why not, and report this to your supervisor. c. Keep catheter and tubing free of kinks d. Keep resident from closing off tubing by lying on it e. If tubing is clamped closed, make sure it is closed only for specified amount of time	Demonstrate how to clamp and unclamp tubing
13. Identify measures to avoid injury to the bladder opening from pressure on the catheter	4. Measures to avoid injury from pulling on the catheter. a. May tape catheter to leg for females, up onto abdomen for males to avoid irritation of the urethra b. Fasten drainage bag to part of bed which moves with the resident i.e. not bed rail c. Take catheter, tubing, and bag everywhere with the resident. d. If confused resident is pulling on catheter, sometimes trousers over catheter can prevent this	Other suggestions may be included here
14. Identify observations one should make about the catheterized resident.	5. Observations a. Amount of urine draining b. That urine is continually draining c. Characteristics of urine: odor, color, cloudiness d. Exudate at urinary opening e. Leaking anywhere in drainage system	

Learner Objectives	Content	Teaching Aids and Approaches
15. Identify correct use of a leg bag to collect catheterized urine	6. Correct use of leg bag a. Sterility of system must be maintained when a leg bag is used to collect urine, just as when a regular drainage bag is used. b. When transferring from one leg bag to another or from leg bag for daytime use to a regular bag for nighttime use, wash off connections with disinfectant. c. Leg bag not in use should be washed out with disinfectant solution and dried, taking care not to contaminate connection point	
16. Describe an external catheter and identify measures for using it correctly.	E. External catheter 1. Consists of a plastic sheath which fits over the penis and then connects to a tubing and bag. 2. Skin of the penis under the sheath must be washed and dried to prevent skin breakdown 3. A means for securing the sheath must be tight enough to prevent leaking but loose enough to allow blood circulation to the tissues	
17. Identify causes of incontinence.	F. Care of the resident who is incontinent of urine or feces 1. Causes of incontinence a. Interference in the nerve message from brain to bladder and bowel as occurs in stroke, brain and spinal cord injuries b. Weakening of bladder muscles, decreasing bladder's ability to hold urine c. Confusion d. Dependence on others to get to toilet or commode	Being a Long-Term Care Nursing Assistant, pp. 239-241
18. Describe measures to provide skin care and comfort for the incontinent resident	2. Maintaining skin care and comfort for incontinent resident a. Check resident at least every 2 hours for incontinence b. When resident is incontinent put on dry, clean clothes and bed linens as required and wash and dry all affected skin. c. May use an adult disposable, protective undergarment d. Use protective pads on bed e. Do not scold or treat resident like a child	Have available adult absorbant undergarments and various types of pads for protecting bed
	3. Prevention of incontinence (see Bowel and Bladder Retraining at end of unit 25)	

UNIT 25 BOWEL ELIMINATION

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 3 hours
		Being a Long-Term Care Nursing Assistant, pp. 209-219, 240-241
1. Discuss the normal structure and function of the lower intestinal tract	A. Normal structure and function of lower intestinal tract 1. The large intestine (colon) a. Ascending colon b. Transverse colon c. Descending colon d. Rectum e. Anus	Being a Nursing Assistant, pp. 58-60. Understanding Aging and Human Needs, (AHCA) pp. 37-38. Charts describing GI anatomy are available from: Hoechst-Roussel Pharmaceuticals Customer Service, Bldg 30 Route 202-206 North Somerville, N.J. 08876
	2. Stool is formed in the large intestine and moves down into the rectum, then is excreted through the anus.	
	3. Stool is liquid as it enters the large intestine. Water is reabsorbed as the stool moves through the intestine.	
2. Identify terms used for bowel elimination. Describe normal and abnormal appearance of feces.	4. Terms: stool, feces, bowel movement	
	5. Appearance of feces a. Normal: bile-colored, formed, not necessarily one each day b. Abnormal 1. Containing blood or mucous or undigested food 2. Tarry 3. Liquid 4. Very dry and hard	See Physical Changes Accompanying Aging Unit 19. You may want to review, or introduce that content at this point.
3. Identify affects of aging on function of the lower intestinal tract	6. Review Effects of Aging on Bowel Function.	
4. Identify the reason for and procedure for collecting a stool specimen.	B. Collecting a stool specimen 1. Reason: specimen may be needed for physician to diagnose an illness and may indicate such things as parasites or bleeding	Being a Nursing Assistant, pp. 227-229
	2. Procedure a. Resident should have bowel movement in bedpan or specipan placed under toilet seat, or commode. b. It is better if resident does not urinate into collecting pan, but if this happens it does not ruin the specimen c. Using a tongue depressor, transfer some feces from pan to labeled specimen container d. If it is necessary for the specimen to be kept at body temperature as it is sent to the lab, follow supervisor's instructions on how to do this.	

Learner Objectives	Content	Teaching Aids and Approaches
5. Identify signs which may indicate that a resident is constipated	C. Constipation 1. Symptoms a. Record of no recent BM b. Abdominal distension, flatus c. Abdominal discomfort, agitation, irritability	
6. Identify measures which may be part of a resident's care in order to prevent or relieve constipation	2. Measures to relieve constipation a. Lots of fluids orally b. Diet containing bulk, fiber c. Exercise d. Prompt response to natural urge usually after a meal e. Laxatives, stool softeners 1. Administered by medication aide or licensed nurse with doctor's order 2. May be given orally or by suppository f. Enema - with doctor's order	
7. Identify the purpose and procedure for a cleansing enema	3. Administering a cleansing enema a. Purpose: cause the emptying of the lower bowel by stretching it by infusing water into the rectum b. Solutions which may be used: tap water, (TWE) tap water with soap solution (SSE) c. Equipment: 500-1000 c.c. water at 105°F should be instilled into the rectum via a tubing which has a lubricated tip. The bag should be held about 18 inches above the rectum d. If the person receiving enema develops cramping, flow rate should be slowed or stopped for a few minutes until cramping subsides. e. Results, including return of fluid, feces amount and appearance, and how resident tolerated procedure should be recorded. f. For more detailed procedure see a basic nursing textbook.	Trainex "Administering a Cleansing Enema" Being a Nursing Assistant, pp. 233-239
8. Identify purpose of a pre-packaged, ready to use enema and compare how it is different from other cleansing enemas in equipment needed and length of time before evacuation occurs.	4. Administering a pre-packaged, ready to use enema a. A small amount of saline solution pre-packaged in a squeezable plastic container with pre-lubricated tip is instilled into rectum. If resident can hold this solution about 20 minutes, it pulls body fluid into the bowel, stretching it and thus causing evacuation. For detailed procedure consult a basic nursing textbook.	Being a Nursing Assistant, pp. 240-243.
9. Identify the purpose and procedure for an oil retention enema	b. Oil is sometimes administered by enema. When the oil is retained in the bowel for at least 20 minutes it softens feces and facilitates evacuation. For detailed procedure consult a basic nursing textbook	

Learner Objectives	Content	Teaching Aids and Approaches
10. Identify what is meant by fecal impaction	D. Fecal impaction 1. Definition: hard stool caught in the lower bowel which prevents normal passage of feces	
11. Identify symptoms which might indicate that a resident has a fecal impaction	2. Symptoms: a. No normal stool b. Liquid fecal seepage from anus as small amount of fluid present in the colon are able to go around the impacted mass c. Constant feeling of needing to have a bowel movement d. Rectal pain	
12. Identify causes of fecal impaction in the elderly	3. Fecal impactions are due to a. Decreased muscle tone or innervation in the lower bowel b. Inadequate activity c. Inadequate fluid intake d. Insufficient bulk in diet e. Uncorrected constipation, which may be caused by any of the above	
13. Identify the role of the nurse aide in preventing fecal impaction	4. Role of nursing aide in prevention of fecal impaction. a. Observe resident's bowel movements. 1. Note amount 2. Consistency (firm, formed, liquid, hard) 3. Frequency of bowel movements b. Prevent constipation by 1. Encouraging fluids 2. Exercise 3. Assisting resident to bathroom and/or with bedpan or commode when it is called for 4. Allow enough time for meals to be eaten 5. Encourage the resident to eat fruits, vegetables, and foods containing fiber	
14. Identify the procedure for the aide to remove a fecal impaction	5. Removing a fecal impaction a. This procedure is done by the aide when directed to do so by the supervisor. In some institutions aides do not do this procedure b. Procedure consists of manually removing feces from rectum with gloved fingers c. For detailed procedure consult a basic nursing textbook	
15. Identify causes of incontinence and measures for caring for the resident who is incontinent of feces	E. Care of the resident who is incontinent of feces (Since care of urinary and fecal incontinence is similar, for content here see G under Urinary Elimination)	

Learner Objectives	Content	Teaching Aids and Approaches
16. Identify goals of bowel and bladder training	F. Bowel and Bladder Training 1. The basic goal of bowel and bladder training: a. Establish a regular pattern of elimination b. Decrease the amount of times a resident is incontinent c. Increase a resident's self esteem by attaining control of elimination d. Decrease the chance of other problems, e.g., skin breakdown that can occur from continued incontinence e. Preserve the integrity and function of the elimination systems	
17. Identify factors which go into preparing a bowel/bladder training program.	2. Preparation for establishing a bowel/bladder training program a. The resident's past elimination pattern is reviewed, as well as the total resident history b. A routine for elimination is established by the nurse, and written onto the nursing care plan. It is very important that the resident's personal plan of elimination is carried out by the entire staff. c. Each long term care facility will have a specific program that is followed by the staff. These may be different from facility to facility, but the basic goal is the same	Examples of care plan for training of bowel and bladder Trainex: "Bowel and Bladder Training."
18. Identify steps involved in bowel training	3. Steps involved in bowel training a. Diet high in fiber b. At first the doctor may order a laxative to be given daily to establish a regular pattern of elimination c. Scheduled elimination - place resident on toilet or commode at regular, scheduled times - usually every 1-2 hours d. Exercise e. Positive encouragement f. Hydration - 2,000 c.c. daily intake g. Recorded output	
19. Identify steps involved in bladder training	4. Steps involved in bladder training a. Adequate hydration - oral intake b. Scheduled voiding, hourly at first, then every 2 to 3 hours c. Toilet or commode rather than bedpan d. Promote relaxation during voiding e. Employ voiding triggering techniques if needed f. Record I and O g. Positive reinforcement	

Learner Objectives	Content	Teaching Aids and Approaches
20. Identify what is meant by colostomy, how the anatomy is altered when this procedure is done, and why this procedure is done	G. Colostomy 1. Definition: A colostomy is a surgical procedure which creates a new opening on the abdomen for release of solid waste (feces) from the body. 2. Altered anatomy associated with colostomy a. The large intestine is brought to the abdomen, where an opening is made. This opening is called a stoma. The feces are excreted through the stoma rather than the rectum. 3. Causes for a colostomy a. Cancer of the rectum b. Any disease that results in obstruction of the intestines c. Inflammation or injury to the colon	Trainex filmstrip: "Colostomy Care" May omit portion of this filmstrip concerning irrigation.
21. Identify the difference between ileostomy and colostomy	4. Difference between ileostomy and colostomy a. Ileostomy 1. The ileum (part of small intestine) is surgically opened to the abdomen forming a stoma 2. Stool is more liquid 3. Control of the stool is not possible 4. Skin around stoma becomes irritated, even with correct care b. Colostomy 1. The colon (large intestine) is surgically opened to the abdomen, forming a stoma. 2. The stool is more formed 3. Control of the stool can sometimes be attained 4. Skin surrounding the stoma can become irritated when it is not cleaned correctly	
22. Recognize various ostomy appliances and methods used to apply them	5. An ostomy appliance is a collecting device that is placed over the stoma to collect stool and secretions. a. Is usually a disposable plastic bag which may have an opening in the bottom to allow emptying of the stool b. The top of the plastic bag adheres to the skin around the stoma with a substance called an adhesive and may be secured by a belt that encircles the resident's abdomen	Show examples of ostomy appliances. Local pharmacy may be a source of a variety of appliances. Demonstrate applying an ostomy appliance. Examples of nursing care plan for ostomy resident. Pamphlets from American Cancer Society.

Learner Objectives	Content	Teaching Aids and Approaches
23. Identify nursing problems which one should be aware of when caring for a resident with a colostomy	6. Major nursing problems that the aide can be aware of: a. Skin care: 1. The skin surrounding the stoma can become very irritated. 2. Cleaning of the area with soap and water is very important 3. The skin surrounding the stoma should be examined each time the appliance is removed for redness, broken areas and the resident's complaints of burning. b. Functioning of the colostomy 1. There should be stool daily in the appliance 2. Sometimes a nurse will irrigate the colostomy daily with tap water. (This is similar to an enema given in the rectum) If irrigation is done daily, some control can be attained over the amount of stool that is excreted throughout the day 3. Geriatric residents need to be encouraged to drink fluids to prevent constipation which can lead to an obstruction of the intestine c. Resident's feelings regarding a colostomy 1. Anytime a person's normal body image is altered, he has feelings concerning the change 2. Your role as an aide is to listen to the resident's feelings and not place judgement on their expressed thoughts. 3. Your attitude concerning the colostomy is very important. Appear confident and not distressed by the site of the stoma or by the odor when emptying the appliance. This will help the resident accept his stoma and not be embarrassed by it. 4. Encourage the resident to be involved in colostomy care as he is able, to maintain his independence.	

UNIT 26 OBSERVING AND MEASURING VITAL SIGNS

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 5 hours
		Being a Nursing Assistant, pp. 255-284
1. Identify measurements taken when "vital signs" are to be measured. Identify abbreviations for the vital signs	Measuring vital signs (V.S.) is one means of getting information about body condition. Included in vital signs are temperature, pulse, respiration and blood pressure. (T.P.R. and B.P.) A. Temperature	Being a Long-Term Care Nursing Assistant pp. 85-97 (Normal vital sign levels are taken from this text unless otherwise noted)
2. Identify what causes body temperature	1. Description a. Is a measurement of the amount of heat in the body, a balance between heat created and lost. b. Is created as the body changes food to energy c. Is lost from the body to the environment by contact, perspiration, breathing and other means.	Trainex filmstrips: Temperature, Pulse and Respiration Blood Pressure How to be a Nurse's Aide in a Nursing Home, pp. 53-59, 109-110.
3. Identify "normal" or average body temperature and state how the older person may vary from this level	2. "Normal" or average temperature a. Oral - 98.6°F (Fahrenheit) b. Rectal - 99.6°F c. Axillary - 97.6°F Older people have a greater variation in normal range. One individual may have a usual temperature of 97°, another 99°. To determine deviations from "normal", it is helpful to know what is usual for that resident.	You may add celsius readings: 37°C (oral), 37.5°C (rectal), and 36.4°C (axillary)
4. List situations which may cause the thermometer reading to vary from "normal" or average	3. Variations from "normal" a. Situations causing higher than normal readings: eating warm food, time of day, infection or other disease. b. Situations causing lower readings: eating cold food, time of day, dry mouth, approaching death	
5. Identify types of glass thermometers and situations in which used.	4. Types of thermometers a. Glass 1. Made of hollow glass tube containing mercury, has markings on outside for reading level 2. Types Slender tip - mercury-filled tip is longer and slender; used for oral or axillary checks. Stubby or safety tip - mercury-filled tip is short and rounded; used for any temperature check. b. Electronic (battery powered) - has a probe which is covered with a disposable plastic sheath before inserting. Temperature registers on a digital display. c. Chemically-treated paper - changes color to indicate reading.	Show examples of thermometers. Explain how to read. Plastic sheaths to cover thermometers can also be shown. Give more detailed instruction in use of other types of thermometers if they are commonly used in your area.
6. State how to care for glass thermometers.	5. Care of glass thermometers a. Easily breakable. Handle with care. b. Avoid hot water in cleansing c. Disinfect after each use, as specified by institution's procedure	Show how to shake down and disinfect thermometer.

Learner Objectives	Content	Teaching Aids and Approaches
7. Describe for each method of checking temperature: 1) Situations when used 2) How to place or insert thermometer 3) Time needed for thermometer to register	6. Method of checking temperature a. Oral 1. Used in almost all situations, when not contraindicated 2. Placed under resident's tongue. Mouth and lips to be held closed 3. Time (glass thermometer) - 8 minutes, or as indicated by institution's procedure b. Rectal 1. Used when oral is unsafe or inaccurate: -resident is not reliable -resident cannot hold mouth closed around thermometer -resident's mouth is dry or inflamed 2. Thermometer is lubricated and inserted about 1" into rectum while resident is positioned on his/her side. Stay with the resident, holding thermometer in place. 3. Time: 3 minutes c. Axillary 1. Used when other methods are unsafe or inaccurate. This may be less accurate than other methods of checking temperature. 2. Place bulb of thermometer in center of armpit. Resident's arm should hold thermometer in place. Stay with resident. 3. Time: 10 minutes.	Being a Nursing Assistant, (pp. 263-264) suggests that current research supports the 8 minute registering period for greatest accuracy. Advise students to follow the procedure of their employing institution so that temperatures are checked consistently. Include measures to prevent transfer of infection
8. Discuss how the aide should record and report temperature measurements.	7. Recording and reporting a. Mark chart with R(rectal) and Ax(axillary) when that method is used. b. Notify immediate supervisor when 1. Resident's temperature is above his normal range or has changed by more than two degrees from last measurement. 2. You have difficulty obtaining temperature	Show example of chart.
	B. Pulse	
9. Describe what causes pulse	1. Description: A measurement of the number of times the heart beats, a simple method of observing how the circulatory system is functioning.	May review Physical Changes, Unit 19, E, and add more details of cardiovascular function if you desire.
10. Describe characteristics of "normal" or average pulse	2. "Normal" or average pulse a. 60-70/minute (older adult) b. Should be regular in rate, rhythm and strength or force	

Learner Objectives	Content	Teaching Aids and Approaches
11. Identify variations from the "normal" pulse which should be reported	3. Variations in the pulse a. An abnormal force of the beat can be distinguished by: 1. Bounding pulse - cannot be occluded by mild pressure 2. Feeble, weak and thready. a. Can be occluded by slight pressure. b. Usually a thready pulse has fast rate. b. An abnormal rate can be distinguished by: 1. A pulse beat of under 60 for one full minute. 2. A pulse beat of over 90 for one full minute. (Exercise or activity normally cause a temporary increase in the pulse rate. Fever will also increase the pulse rate) c. An abnormal rhythm can be distinguished by: 1. Irregularity of beats. 2. Feeling like beats are being "skipped" when pulse is counted for one full minute.	
12. Identify the site and actions used to accurately measure radial and apical pulses	4. Methods of checking pulse a. Radial b. Apical Use basic nursing skills textbook for reference. Also demonstrate how to use and care for the stethoscope	
13. Discuss how to record and report pulse measurements	5. Recording and reporting a. Mark chart with Ap (apical) when that method is used b. Notify immediate supervisor when: 1. The resident's pulse begins to show variations from "normal" 2. You have difficulty obtaining the pulse	Show example chart
14. Identify what is meant by respiration and an average respiratory rate	C. Respiration 1. Description: Respiration is the inspiration and expiration of air 2. Average respiratory rate: 16-20/minute (adult)	May review Physical Changes, Unit 19, F, and add more respiratory structure and function if you desire.
15. Identify variations from normal respiration which should be reported	3. Variations in respiration a. Rate 1. Increased by exercise, fever, lung disease, heart disease. Report rate greater than 30 2. Decreased by sleep, inactivity, pain medication. Report rate less than 10 b. Character 1. Labored - Difficulty breathing, extra muscles used for breathing. 2. Noisy - sounds of obstruction, wheezing 3. Shallow - small amounts of air exchanged 4. Irregular	

Learner Objectives	Content	Teaching Aids and Approaches
16. Describe how to measure respiratory rate	4. Method of measuring respiratory rate: Refer to basic nursing skills textbook.	
17. Discuss how to record and report respiratory rate measurement.	5. Recording and reporting a. Record in appropriate part of chart b. Report variations from normal to immediate supervisor	Show example of chart
18. Identify what causes blood pressure	D. Blood pressure 1. Description a. Blood pressure is the force of blood against artery walls b. The amount of pressure depends on: 1. The rate of strength of heart beat 2. The ease with which the blood flows through the blood vessels 3. The amount of blood within the system	
19. Identify meanings for the terms, systolic and diastolic blood pressure	c. Terms: 1. Systolic pressure - the force when the heart is contracted; the top number of BP; the first sound heard when measuring BP. Diastolic pressure - the force when the heart is relaxed; the lower number of BP; the level at which pulse sounds change or cease	
20. Identify "normal" or average blood pressure	2. "Normal" or average blood pressure range for an elderly adult is: 105 to 148/65 to 86 mm Hg.* It is most helpful to look at a resident's previous pressure to know what is normal for him.	*National Health Survey: Blood Pressure of Persons 18-74 Years in the U.S., 1971-72.
21. Describe variations in blood pressure	3. Variations in blood pressure a. Blood pressure may slightly increase with age b. Hypertension - blood pressure higher than normal	May discuss causes for and consequences of hypertension.
	c. Postural hypotension - the elderly person's body is unable to rapidly adjust to maintain normal blood pressure in the head and upper body when the person moves from lying to sitting, or sitting to standing. The person will complain of dizziness or feeling faint.	Discuss nursing precautions to prevent injury for the resident with postural hypotension.
22. Identify instruments to check blood pressure	4. Instruments for checking blood pressure a. Sphygmomanometer (blood pressure cuff and gauge) 1. Aneroid - pressure measured on a dial 2. Mercury - pressure measured on a column of mercury b. Stethoscope	

Learner Objectives	Content	Teaching Aids and Approaches
23. Describe how to check blood pressure	5. Method: Use a basic nursing skills textbook for reference. Include the following: a. Choosing a cuff of appropriate size for the resident's arm. b. How to position cuff on upper arm and how to position gauge for accurate reading. c. How to interpret sounds heard (systolic and diastolic levels)	
24. Identify how to record and report blood pressure measurements	6. Recording and reporting a. Write in chart as: systolic over diastolic (120/80) b. Notify immediate supervisor when: 1. Resident's blood pressure is higher or lower than his/her usual range 2. You have difficulty obtaining the blood pressure	Show example of chart
25. Demonstrate how to accurately measure temperature, pulse, respiration and blood pressure.		Allow adequate time for practice. Have blood pressure cuffs available for several class sessions.

UNIT 27 ISOLATION

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 0.3 hour
1. State reasons for using isolation practices	A. Residents with certain types of infection may be separated from other residents to: 1. Keep the germs that cause the disease isolated in the resident's unit where they can be destroyed or specially handled. 2. Protect persons outside the resident's room from contact with disease.	Being a Long-Term Care Nursing Assistant, pp. 34-46 Review infection prevention measures from Part I.
2. Use terminology associated with the isolation unit	B. Terminology associated with an isolation unit. 1. Contaminated - any article that is in contact with the resident in the isolation unit is considered contaminated (dirty). a. If your clothes come in contact with the resident or articles in the unit, they are considered contaminated (dirty). b. Special precautions are needed to prevent the spread of microorganisms to other residents and other personnel. 2. Clean - means uncontaminated. Refers to all articles and places that have not been contaminated by contact with pathogens.	
3. Identify methods of isolation	C. Methods of isolation: Check with nurse in charge about method to use for a specific resident 1. Gown 2. Gloves 3. Double-bagging linen	Demonstrate these skills in as much detail as you feel appropriate.

UNIT 28 OBSERVING, REPORTING AND RECORDING

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 1 hour
1. List attitudes and actions which are prerequisites for making observations about residents	A. Attitudes and actions prerequisite to making observations about residents 1. Making observations is continuous during resident care. Be alert at all times 2. Use senses to observe a. See changes such as skin rash or edema b. Feel changes such as fever or change in pulse c. Hear changes such as change in breathing sounds. Listen to resident's complaints d. Smell odor of urine	Being a Nursing Assistant, pp. 31-34. Being a Long-Term Care Nursing Assistant, pp. 75-81 Student may be asked to make observations of a resident during clinical experience.
2. Identify observations to be made during resident care	B. Observations to be made while caring for resident. Compare to previous day's observation of resident 1. What is the person's general appearance (alert, drowsy, untidy, neat)? 2. What is his/her activity level? Has it changed? 3. What is the condition of his/her body (skin, mouth, hair, breathing)? 4. How does he/she manage eating, drinking, elimination? 5. What are his/her sleeping habits? 6. What is his/her mood?	
3. Describe how to report and record observations	C. Reporting observations 1. Changes in resident condition should be reported to immediate supervisor 2. Observations should be reported exactly as seen, heard, felt or smelled, or in resident's own words. (Report in an objective rather than subjective manner)	
	D. Recording observations The aide's responsibilities for recording information on the resident's chart will vary according to institution policy. Aides may be asked to record routine resident care on a flow sheet which is part of the resident's permanent record. They should: 1. Write legibly 2. Use ink 3. Correct errors according to institution's procedure 4. Sign name to record	Show examples of recording information. Show how to correct errors in charting.

Learner Objectives	Content	Teaching Aids and Approaches
4. Identify and use common medical abbreviations	E. Reading medical abbreviations See Appendix 1	Add to this list as you feel necessary
5. Identify purpose for medical record and how to use information in the medical record	F. The medical record or chart 1. Is a legal document of medical and nursing care received by the resident. 2. Entries in the chart must be accurate and conform to certain policies as mentioned above. 3. Information from the chart should be used to benefit the resident's care while protecting his privacy	

Common Medical Abbreviations

Time Abbreviations

a.c.	before meals	p.m.	afternoon or evening
p.c.	after meals	q.d.	every day
B.I.D.	twice a day	q.h.	every hour
T.I.D.	three times a day	q.o.d.	every other day
Q.I.D.	four times a day	P.R.N.	whenever necessary
H.S.	bedtime (hour of sleep)	noc	night
stat	immediately	q3h	every three hours
a.m.	morning	q4h	every four hours

Resident Orders

amt	amount	NPO	Nothing by mouth (sometimes NBM)
ax	axilla	P.T.	physical therapy
BM	bowel movement	R	rectal or right
BRP	bathroom privileges	ROM	range of motion
c	with	spec.	specimen
s	without	T.W.E.	tap water enema
ad lib	as desired	S.S.E.	Soap suds enema
Dc	discontinued	w/c	wheelchair
ht	height	TPR	temperature, pulse, respiration
wt	weight	BP	blood pressure
I&O	Intake and Output	ADL	activities of daily living
		V.S.	vital signs (TPR and BP)

Diagnostic Terms

GI	gastro intestinal	MI	myocardial infarction or heart attack
GU	genito-urinary	CVA	cerebrovascular accident or stroke
CHF	congestive heart failure	H.O.H.	hard of hearing
Ca	cancer	S.O.B.	short of breath
CV	cardiovascular	fx	fracture

UNIT 29 THE RESIDENT'S CARE PLAN

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 0.5 hour
1. Identify the purposes for a resident care plan	A. Purposes 1. Problems to be addressed by nursing home staff are identified and approaches (ways to aid resident) identified. 2. Communicates plan for resident care to all three shifts and to all staff involved in resident care.	Show example of a resident care plan During clinical experience show students care plans for residents they assist. Being a Long-Term Care Nursing Assistant, pp. 73-74
2. Identify the aide's role in using the resident care plan	B. Aide's role in using resident care plan 1. Should be aware of plan and goals for resident care 2. Report resident changes to nurse in charge so that necessary adjustments can be made in the care plan	

UNIT 30 ADMITTING OR DISCHARGING A RESIDENT

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 0.5 hour
1. Identify feelings the resident and family may have at the time of admission	A. Admission 1. Feelings of resident and family a. May be acutely aware of losses experienced with aging and illness b. Resident may feel lonely, lost, confused or relieved c. Family may experience guilt	Being a Nurse's Aide in a Nursing Home, p. 53 Role play an admission Review Unit 15, Possible Losses of Aging
2. Identify actions the aide may take to assist the resident during admission	2. How the aide can assist during admission a. Prepare room for resident b. Greet resident and family. Introduce self giving name and position. Be courteous and friendly. c. Show resident the room, bathroom, and how to use call bell. d. Assist resident in making list of valuables and clothing. Follow institution's procedure. e. Observe how well resident can move and perform activities. Nurse will obtain a history from resident or family and do a physical assessment. f. Show resident around facility. Introduce to other residents and staff. g. Check on resident frequently.	Being a Long-Term Care Nursing Assistant, pp. 51-54
3. Identify feelings the resident may have when discharged	B. Discharge 1. Feelings of resident a. May feel anxious or worried about change	
4. Identify how the aide might assist with discharge	2. What the aide can do a. Allow resident to talk about anxieties b. Help resident gather clothing and other belongings.	
	3. Following the resident's discharge, the room will receive a thorough cleaning.	

UNIT 31 FIRST AID IN THE ADULT CARE HOME

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 2 hours
1. Identify general guideline's for the aide's response to an emergency requiring first aid	A. General guidelines 1. Inform other health team members, including supervisor 2. Use only first aid procedures which are necessary while waiting for the supervisor to arrive 3. Complete an incident report following the emergency.	Current Red Cross first aid book. This curriculum's content is limited to emergency assistance the aide would provide in a supervised setting. May suggest to students that for additional training they enroll in a Red Cross First Aid Course.
2. Identify first aid measures the aide should take when a resident has an abrasion or a laceration	B. Abrasions, lacerations 1. Apply direct pressure to laceration to stop bleeding using sterile bandage or cleanest available cloth. 2. If direct pressure fails, apply pressure to artery supplying laceration (pressure points), along with direct pressure. 3. Wash abrasions with soap or mild antiseptic solution 4. Follow supervisor's instructions for additional care	Emphasize the limitation of the aide in assessing the resident for broken bones and other results of accidents. Stress importance of contacting supervising licensed nurse in such a situation. Being a Long-Term Care Nursing Assistant, p. 24
3. Identify methods to help control nosebleed	C. Nosebleeds 1. Direct pressure to nostril 2. Elevate head 3. Apply cold to nose area 4. Get help from supervisor	

Learner Objectives	Content	Teaching Aids and Approaches
4. Identify first aid measures for burns	D. Burns - with all burns notify supervisor immediately and follow his/her instructions 1. First degree burn a. Symptoms: redness, mild swelling and pain b. First aid: submerge area in cold water or apply cold water, not ice 2. Second degree burn a. Symptoms: skin redness, blisters, swelling b. First aid: apply or immerse in cold water, not ice; do not break blisters. 3. Third degree burn a. Symptoms: white or charred appearance, complete loss of all layers of skin First aid: cover with sterile dressings, do not immerse in cold water, get medical help immediately 4. Chemical burn: rinse skin with clear water 5 minutes	
5. Identify signs which indicate that a resident may be experiencing a medical emergency and for each set of symptoms identify what the aide's first aid action should be	E. Medical emergency - shock 1. Symptoms a. Skin pale and cold, perhaps clammy b. Victim weak c. Pulse rapid and weak d. Breathing rapid, perhaps shallow and irregular e. Victim may be anxious and thirsty, becoming lethargic and sleepy f. Blood pressure lowered 2. First aid a. Keep victim lying down b. Cover only enough to keep warm c. Notify a supervisor for medical help	
	F. Medical emergency - cardiac or respiratory problems 1. Symptoms a. Signs of shock (see above) b. Shortness of breath c. Persistent pain in chest radiating to one or both shoulders or arms or neck or jaw d. Skin cyanotic 2. First aid a. As for shock, have victim partially sitting up if it eases shortness of breath b. Notify supervisor for immediate medical help	

Learner Objectives	Content	Teaching Aids and Approaches
	G. Medical emergency - change in consciousness or mobility (possible stroke) 1. Symptoms of decrease in consciousness a. Confusion, dizziness b. Lack of talking ability or slurred speech c. Unconsciousness 2. Symptoms of change in mobility a. Weakness or paralysis of an extremity or a side b. Difficulty breathing, swallowing 3. First aid indicated a. Have victim lie down, position on side if necessary to keep mouth secretions from choking person b. Notify supervisor for medical help	
6. Identify first aid measures for someone who faints	H. Fainting 1. Symptoms: sudden loss of consciousness due to temporary reduced blood supply to brain 2. First aid a. Protect person from injury in falling b. Place person in lying position or with head between knees c. Observe person's vital signs and appearance d. Notify supervisor	
7. Identify first aid measures for someone who has fallen	I. Falls - first aid 1. Delay moving victim until he has been assessed for injury. Cover with blanket 2. Observe vital signs and condition and appearance 3. Notify supervisor	
8. Identify first aid for a resident who has ingested poison or harmful substance	J. Poisoning - first aid 1. Notify supervisor, who will get treatment information from poison control center 2. Save container of suspected poison for identification 3. If victim vomits save sample of vomited material for analysis	This may occur if the resident drinks harmful liquid from an unlabelled container, or toxic substances which are not secured.

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Learner Objectives	Content	Teaching Aids and Approaches
9. Identify steps for dislodging foreign object from the airway (Heimlich Maneuver)	K. Heimlich maneuver See unit on nutrition	
10. State correct care for a person experiencing a convulsion	L. Convulsion 1. Symptoms: a. Rigid body muscles lasting 2-30 seconds b. May have jerking movement c. May stop breathing temporarily, bite tongue lose bladder and bowel control 2. First aid a. Protect victim from hurting himself b. Do not restrain c. Do not place blunt object between teeth d. Do not give liquid e. Notify supervisor f. Keep airway open	Being a Long-Term Care Nursing Assistant, p. 252
	M. Cardiopulmonary resuscitation (CPR)	Because CPR cannot be adequately taught within the time frame of this curriculum, it is recommended that the aide enroll in an approved CPR course to become qualified in this technique.

UNIT 32 FIRE PREVENTION AND SAFETY; TORNADO PREPAREDNESS

Learner Objectives	Content	Teaching Aids and Approaches
		Suggested classroom time: 2 hours
1. Identify causes of fires in long term care facilities	A. Causes of fires 1. Smoking, matches 2. Misuse of electricity 3. Incorrect disposal of trash 4. Flammable materials	Being a Nursing Assistant, pp. 116-118
2. Identify measures which should be taken to prevent fires in a long term care facility	B. Measures to prevent fires 1. Preventing fires caused by smoking a. Large, deep ash trays should be used b. Empty ashtrays into only trash containers which have no flammable material c. No resident should smoke in bed d. Confused, forgetful or sedated residents should be supervised while smoking e. Visitors, staff, and residents should all observe restrictions as to where smoking is allowed, and smoking safety rules of institution 2. Preventing fires caused by electricity a. Avoid using a defective outlet and report for repair b. When an extension cord is used insure that it is heavy enough for the demand placed on it. c. Avoid using frayed cords, loose connections, and short circuits. Report for repair! d. Avoid overloading one outlet 3. Preventing fires associated with oxygen use: Oxygen alone does not burn, but it supports combustion. a. Smoking and open flame should be avoided in a room where oxygen is used b. Measures to prevent sparks from static electricity should be taken c. Electrical safety measures should be observed	
3. Identify actions which should be taken by the aide if a fire is discovered	C. Actions to take when fire is discovered - (the order in which these should be done will vary with the situation) 1. Activate fire alarm system/notify supervisor 2. Remove residents who are in immediate fire area 3. Attempt to extinguish fire 4. Be aware of the institution's emergency plan and follow it	Instructor may describe several situations which illustrate various order of priorities, i.e. fire in resident's room, fire in area distant from residents.

Learner Objectives	Content	Teaching Aids and Approaches
4. Identify devices which are used when a fire occurs in an adult care home	D. Devices used to contain or limit fires in adult care homes 1. Fire doors - close automatically when alarm is activated 2. Sprinkler system 3. Fire extinguishers	Kansas requires that fire extinguishers in adult care homes be effective for all fires (Classes A, B, and C)
5. Identify steps for use of a fire extinguisher	E. Operating a fire extinguisher 1. Pull lock pin so that trigger can be activated - or other activating procedure as needed 2. Aim extinguishing material at the base of the fire. Discharge lasts 10 seconds to two minutes.	Local fire department personnel can teach class about fire prevention, use of fire extinguishers.
6. Identify measures for removing an immobile resident from fire danger	F. Removing non-mobile resident from a fire area 1. Carries by one person include a. Blanket drag b. Hip carry c. Pack strap carry 2. Carries by 2 persons include a. Chair carry b. Extremities carry 3. Carry by 4 persons: blanket carry	Ask local fire department personnel to demonstrate methods of carrying people from the scene of the fire. Rather than practicing all carries, emphasize one or two of the simplest and easiest to remember.
7. Identify safety measures to be taken when there is threat of a tornado	G. Tornado safety 1. Follow procedures outlined in institutions' emergency plan(s), to include a. Moving residents to safe area. This will be the area determined by the institution to be structurally strongest. b. Protecting residents from flying broken glass	Use examples of various tornado preparedness plans from several long term care facilities

LIST OF SUGGESTED REFERENCES

The following are some teaching references which have been suggested by some aide instructors. This is not intended to be a complete listing. Additional reference materials are available from textbook publishers, book stores, and nursing education programs in vocational-technical schools, colleges and universities.

Teacher References

Birchenall, Joan M. and Streight, Mary. Care of the Older Adult, Second Edition.

J.B. Lippincott Company
301 S. Benton St.
Edwardsville, IL 62025

Paperback, written for the professional nurse, includes psychosocial aspects of aging such as myths and facts concerning the aged; statistics about housing, finances, health care costs of the elderly

Ernst, Marvin and Shore, Herbert. Sensitizing People to the Process of Aging: The In-Service Educator's Guide, 1975.

Center for Studies on Aging
The School of Community Service
North Texas State University
Denton, TX 76203

Spiral bound, 127 pages. Contains specific exercises which may be used to help sensitize people to the losses of the older adult: hearing, vision, touch, dexterity, taste, smell, mobility and balance.

Murray, Ruth Beckman, et al. The Nursing Process in Later Maturity, 1980

Prentice-Hall, Inc.
Englewood Cliffs, NJ 07632

Hard cover, 617 pages, written for the professional nurse. Topics include: the person in later maturity, the helping relationship, group work (therapy), society and later maturity, normal aging changes, physical illness, emotional illness.

Textbook Suggestions

Being a Long-Term Care Nursing Assistant, 1983.

Robert J. Brady Company
Bowie, MD 20715

Paperback, 304 pages. Contains illustrations and teaching pictures, has both physical care skills and some psychosocial information. Covers nearly all curriculum content.

Corcoran, Eldean. Sharing Caring, 1975

Sharing Care
Mrs. Eldean Corcoran, R.N.
1805 Linda Drive
Mandan, ND 58554

Spiral bound, 77 pages. Emphasis on psychological needs, rehabilitative measures, and specific diseases affecting the elderly. Very few illustrations. Intended as a supplement to a basic skills text.

Fasano, Marie A. The Nurse Assistant in Long Term Care, Second Edition, 1980.

Inter Age
P.O. Box 60728
Sacramento, CA 95825

Paperback, 174 pages. Contains lessons in outline or checklist format, has post-tests for each unit.

Reese, Dorothy Erickson. et al. How to Be a Nurse's Aide in a Nursing Home, 1975.

American Health Care Association
1200 15th Street, N.W.
Washington, D.C. 20005

Spiral bound, 117 pages. Lists procedures for resident care accompanied by photographs.

Schniedman, Rose, et al. Being a Nursing Assistant, Third Edition, 1982.

Robert J. Brady Company
Bowie, MD 20715

Paperback, 457 pages. Has many illustrations; hospital-oriented. A workbook is available to use with this text.

Understanding Aging and Human Needs, An Advanced Nurse Aide Manual, 1978

American Health Care Association
1200 15th Street N.W.
Washington, D.C. 20005

Spiral bound, 72 pages. Contents include psychosocial needs, living in a long term care facility, sensory losses, physical changes disorientation, sexuality. Each unit has a personal incident illustrating a problem, lists staff approaches. An instructor's guide with exams is also available.

Wood, Lucille A. and Rambo, Beverly J. Nursing Skills for Allied Health Services, Volumes 1 and 2, Second Edition, 1977.

W.B. Saunders Company
West Washington Square
Philadelphia, PA 19105

Paperback, 752 pages. Detailed instructional units cover the basic care activities that are common to all workers in nursing - nursing assistant, licensed practical nurse, registered nurse. Hospital oriented. Has post-tests for each unit.

NAME (Print): _____ I.D. # _____ DATE: _____

NURSE AIDE EXAMINATION

ANSWER SHEET

Sample Copy

INSTRUCTIONS

Mark all answers on the answer sheet, not the test booklet. Mark one answer for each question. Mark an "X" on the letter representing the correct answer.

EXAMPLE

1. San Francisco is:

   A. A country.

   B. A mountain.

   C. An island.

   X D. A city.

1.	A	B	C	D	26.	A	B	C	D	51.	A	B	C	D						
2.	A	B	C	D	27.	A	B	C	D	52.	A	B	C	D						
3.	A	B	C	D	28.	A	B	C	D	53.	A	B	C	D						
4.	A	B	C	D	29.	A	B	C	D	54.	A	B	C	D						
5.	A	B	C	D	30.	A	B	C	D	55.	A	B	C	D						
6.	A	B	C	D	31.	A	B	C	D	56.	A	B	C	D	81.	A	B	C	D	
7.	A	B	C	D	32.	A	B	C	D	57.	A	B	C	D	82.	A	B	C	D	
8.	A	B	C	D	33.	A	B	C	D	58.	A	B	C	D	83.	A	B	C	D	
9.	A	B	C	D	34.	A	B	C	D	59.	A	B	C	D	84.	A	B	C	D	
10.	A	B	C	D	35.	A	B	C	D	60.	A	B	C	D	85.	A	B	C	D	
11.	A	B	C	D	36.	A	B	C	D	61.	A	B	C	D	86.	A	B	C	D	
12.	A	B	C	D	37.	A	B	C	D	62.	A	B	C	D	87.	A	B	C	D	
13.	A	B	C	D	38.	A	B	C	D	63.	A	B	C	D	88.	A	B	C	D	
14.	A	B	C	D	39.	A	B	C	D	64.	A	B	C	D	89.	A	B	C	D	
15.	A	B	C	D	40.	A	B	C	D	65.	A	B	C	D	90.	A	B	C	D	
16.	A	B	C	D	41.	A	B	C	D	66.	A	B	C	D	91.	A	B	C	D	
17.	A	B	C	D	42.	A	B	C	D	67.	A	B	C	D	92.	A	B	C	D	
18.	A	B	C	D	43.	A	B	C	D	68.	A	B	C	D	93.	A	B	C	D	
19.	A	B	C	D	44.	A	B	C	D	69.	A	B	C	D	94.	A	B	C	D	
20.	A	B	C	D	45.	A	B	C	D	70.	A	B	C	D	95.	A	B	C	D	
21.	A	B	C	D	46.	A	B	C	D	71.	A	B	C	D	96.	A	B	C	D	
22.	A	B	C	D	47.	A	B	C	D	72.	A	B	C	D	97.	A	B	C	D	
23.	A	B	C	D	48.	A	B	C	D	73.	A	B	C	D	98.	A	B	C	D	
24.	A	B	C	D	49.	A	B	C	D	74.	A	B	C	D	99.	A	B	C	D	
25.	A	B	C	D	50.	A	B	C	D	75.	A	B	C	D	100.	A	B	C	D	

KDHE 700 (6/80)